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SAFETY PLAN SERVICES

Case Definition

Q1: As I re read the RFP, the "client" appears not too clearly defined to me but appears to be a child or siblings involved in an abuse assessment within one family unit, and not a single child. The family appears to be the client, would that be correct? If a second child/sibling would become the subject of an assessment, would this change the definition of the "client" or "unit" within this family?

A1: Yes, the contractor is required to focus on the entire family unit in their service delivery. If the second child/sibling would become the subject of an assessment this does not change the definition of the family unit or case. (8.2.07)

For Safety Plan Services, case means:

- The child or children on whom the Department has initiated a child protective or CINA assessment and
- Any whole, half, or step siblings of that child or children who reside in the same household; and
- The parents, stepparents, adoptive parents or caretakers of the alleged abuse victims

For Family Safety, Risk, and Permanency Services, case means:

- The child, or children, who are victims of abuse and meet the Department's criteria for opening ongoing services, or a child or children who are subject to a court order based on a child in need of assistance proceedings; and
- Any whole, half, or step siblings of these children who reside in the same household at the time of the service referral or move into the household during the service delivery period or are in placement under the care and supervision of the Department; and
- The parents, stepparents, adoptive parents, or caretakers, such as relatives or significant others of the parents, of the above children.

3055

Q1: When will the contractor receive the DHS Safety Plan, 3055, and Safety Plan Services Referral Face sheet?

A1: Initially, the Safety Plan will be shared verbally over the phone at the time of the referral. The contractor will receive all necessary referral paperwork within 24 hours of the time of referral. (8.22.07 - See section 3.2.1.2 a)

Q2: During the initiation of services phase for Safety Plan Services, is the email to the provider automatically generated by the system or does the CPW or ongoing worker send the email after FACS has selected the provider?

A2: No. There is no automated notice to the provider based upon a worker's generation of a provider or entry of a service into FACS. The DHS worker is responsible for sending the 3055, Safety Plan, and the Safety Plan Services Referral Face Sheet within 24 hours from the time of referral. (8.24.07)

Q3: How will the 3055 be generated for Safety Plan Services?

A3: Case flow will still be utilized for the generation of the 3055. To generate a 3055, DHS staff will need to complete the initial FACS entries for the youngest victim as they do today. The link to this process is as follows: [\\hoovr3s1\facshelp\Desk aides and Tips from the Help desk\Entries required for Initial case set up in FACS.doc](#) (9.14.07)

Q4: What happens if the 3055 is not sent to the contractor within the identified 24-hour time frame?

A4: The provider should still deliver services and alert the local DHS office. This should be handled through collegial consultation. If no resolution, then alert their Contract Monitor that the 3055 has not been received. Once the Contract Monitor is informed, they will see that the contractor receives the 3055. The Contract Monitor will work with DHS staff and supervisors to ensure that this does not occur. (Revised 2.15.08)

Q5: Does the 3055 need an original signature?

A5: No. Contractors do not need an original signature on the 3055 to begin service delivery. (10.17.07)

Q6: What if the DHS worker does not have the correct information on the 3055? What if the name, address, and phone number is incorrect on the 3055?

A6: If the 3055 does not have the correct information, the contractor should notify the referring worker. If the contractor does not receive a response from the referring worker and/or supervisor, the contractor should then notify the Contract Monitor. (Revised 2.15.08)

Q7: Will there be any backdating of the 3055?

A7: DHS workers will only be able to obtain retro reauthorizations on 3055s with **SAM approval**. This applies to reauthorized 3055s and does **not** apply to initial authorizations or termination 3055s. (Revised 9.4.08)

FACS Help

Q1: Today, FACS payments are not generated until the agency submits a bill, which may occur a month or so after the service is provided. Is that going to continue to be the case thereby setting up the situation where very often payments for these services **will not** be approved while the case is still in the assessment unit?

A1: Yes, this will continue. There will be no changes to the billing process. (8.8.07)

Q2: Will the payment to approve in FACS actually show up after CPA has completed and closed their case or will the completion of the five (5) questions on the SAFE screen in STAR actually generate that payment?

A2: The questions on the SAFE screen only calculate the amount of payment. It will not submit the payment. CPWs authorize A5 services today. The payment isn't made until after the assessment is completed. The process for invoices/payment of SAFE services will be no different. VARP will show an A53X service with service dates for SAFE and A91X service code for FSRP. This is the same as today with A510. Workers will have to approve their payments like they do today. Whoever is the assigned worker to that case at the time the invoice is received from the provider and entered into the FACS system for payment approval is who will be responsible for approving the payment. This may require some communication between the current assigned SWCM and the CPW who had the case during Safety Plan Services. Each of these two new services will have their own separate and distinct service code, which will make them distinguishable from one another. (8.8.07)

Q3: Could the incident number change within the timeframe that a case is open for Safety Plan Services? Or could there be multiple incident numbers during services?

A3: Each Safety Plan Service will only have one Incident number. (8.24.07)

Q4: Can STAR (Statewide Tracking of Assessment Reports) generate a State ID #?

A4: No. DHS Staff will need to complete the FACS Client Set Up. The link to this process is as follows: [\\hoovr3s1\fac\Desk aides and Tips from the Help desk\Entries required for Initial case set up in FACS.doc](#) (9.14.07)

Q5: How is the Family Id generated?

A5: There is NO Family Id. There is a Case Specific Id. This Id is generated by accessing the provider assignment screen via STAR or FACS. This Id is assigned by service episode and is not a one-time family Id.

Examples:

1. CPW refers a family to Safety Plan Services. A Case Id is obtained via the provider assignment screen. The 3055 is generated after setting up the client in FACS, which includes obtaining a State Id (SID). If the Safety Plan Service is closed, then the Case Id is closed as well.
2. CPW refers a family to Safety Plan Services. A Case Id is obtained via the provider assignment screen. The 3055 is generated after setting up the client in FACS, which includes obtaining a State Id (SID). The case is referred to Family Safety, Risk, and Permanency Services. The ongoing DHS worker will open FSRP Services under the same Case Id from the Safety Plan Services. However, once FSRP Services close, then the Case Id will close as well.
3. On 10/1/07, FSRP Services are required for the "Smith" family and a referral is made. A Case Id is obtained via the provider assignment screen. The 3055 is generated after setting up the client in FACS, which includes obtaining a State Id (SID). FSRP Services are provided to the family but close on 4/1/08. The Case Id will close as well.

- a. On 11/1/08, FSRP Services are required for the “Smith” family again. A referral is made and a **NEW** Case Id is obtained via the provider assignment screen. The assigned worker enters a Family Centered Services for this service episode including the new Case Id. (9.14.07)

Q6: DHS can override a contractor’s case assignment in FACS. Does FACS track that override and automatically make the appropriate compensation in the next case assignment in order to maintain equal disbursement of cases?

A6: Yes. (10.17.07)

Referral Process

Q1: How will the Safety Plan Service Referral Sheet be transmitted to the contractor? Is receipt of the Safety Plan Service Referral Sheet the trigger for the initiation of services? If this is sent immediately, it should include the safety plan.

A1: The referral sheet will be e-mailed or faxed to the contractor. The trigger for services is the verbal referral, not receipt of the referral sheet. Whenever possible, DHS will provide the Safety Plan at the time of the referral. If this is not possible, DHS will provide within 24 hours. If the Safety Plan is not received within 24 hours, alert the local DHS office and handle through collegial consultation. If no resolution, then alert their Contract Monitor that the Safety Plan has not been received. (Revised 2.15.08 – See section 3.2.1.2(a))

Q2: What identification number will be used for referrals and provider reporting for Safety Plan Services?

A2: The Referral and Authorization for Child Welfare Services, Form 470-3055, and any other referral form sent to the Contractors will use the State Identification Number (SID) of the youngest child victim in the family case. This same SID number will be used for Contractor reporting on all monthly or quarterly reports and Excel spreadsheets. (9.14.07)

Q3: Will a new service application be required at the time of transfer from Safety Plan Services to FSRP Services?

A3: Yes, as an NOD regarding the termination of the old services would have been sent to the family. (9.26.07)

Q4: Does a Notice of Decision need to be sent out at the completion of Safety Plan Services?

A4: Yes. (9.26.07)

Q5: When a Safety Plan Service referral is made over the weekend or on a holiday, does DHS staff have only 24 hours to get the paperwork to the contractor? Please define the 24-hour time frame for holidays and weekends.

A5: Yes. The 24-hour time frame is as stated. DHS has 24 hours to get the paperwork to the contractor regardless of holidays and weekends. If the paperwork is not received

within 24 hours, alert the local DHS office and handle through collegial consultation. If no resolution, then alert their Contract Monitor that the necessary paperwork was not received within 24 hours. (Revised 2.15.08)

Q6: What happens if the hand off from the SW 3 to the SW 2 occurs before the end of the Safety Plan Services?

A6: If the child protective assessment is completed and the handoff occurs with the ongoing social worker, Safety Plan Services may continue through the end of the service period (end date on 3055) or services may be terminated and FSRP Services initiated. (4.28.08)

Q7: Should DHS staff be referring children/families to Safety Plan Services when the child has already been removed from the parental home prior to the date and time that the Contractor receives the phone call for referral? In some cases, the children are not “officially” removed, but are staying with friends and/or relatives during the course of a child abuse assessment.

A7: No. If a child were removed from their home environment, the Safety Assessment would reflect that the child was unsafe rather than conditionally safe. Once the child is removed, the child is now considered safe; therefore, not eligible for Safety Plan Services.

However, if the child can return home with the provision of Safety Plan Services then the child would be eligible, as they would then be assessed as conditionally safe upon their return home during the assessment.

If there is a Court Order or a Voluntary Foster Care Placement Agreement placing the child under the care and responsibility of the Department, the child is therefore eligible for FSRP Services and a referral may be initiated for FSRP during the Child Protective Assessment. (8.13.08)

Contact Requirements

Q1: If a contractor is required to make daily contacts for the 15 day Safety Plan Services but only meets 14 of the 15 days, will there be payment?

A1: The Safety Plan should specify the frequency of the face-to-face contacts. If the Safety Plan Service contractor fails to meet the daily face-to-face contact with the alleged child victim[s] and parents or others as identified in the Safety Plan during the service period, there will be no payment of \$150.

If the Safety Plan Service contractor misses a required face-to-face contact, the contractor is still obligated to submit an email to the Department worker within 24 hours of the missed contact. The contractor shall explain the reason for the missed contact in the email. The contractor will then receive payment of \$130 if all email updates are submitted to the Department worker within 24 hours. If not, there will be no payment of \$130. (Revised 2.15.08 – See section 3.4.2)

Q2: During Safety Plan Services, do both parents need to be seen during visits, or is it sufficient to meet with only one parent, if only one parent is available?

A2: The contractor is required to focus on the entire family unit in their service delivery. The meeting is to occur between the contractor, or their subcontractor provider, and the alleged child victim and parents.

However, if only one parent is available at the time of the visit, this should be documented and attempts made to meet with the other parent. The contractor should notify the DHS worker every time that a parent is not in attendance to a visit. The contractor should maintain and document the level of contact as specified in the Safety Plan. (12.14.07 - See sections 3.2.1.2(b) and 3.2.1.3(a))

Q3: If a Care Coordinator has phone contact with a family during the provision of Safety Plan Services, does a contact log need to be completed?

A3: Yes. (2.1.08)

Q4: The Contract states that for Safety Plan Services, contact will be daily unless otherwise specified in the Safety Plan. Does daily also mean that DHS workers can expect a Contractor to make multiple contacts with a family on a daily basis?

A4: Daily contact means that the Contractor is required to make contact with the child/family identified in the Safety Plan one time per day, not multiple daily contacts.

If the DHS worker believes that there should be more contact with the child/family, then the DHS worker should be consulting with their supervisor and reassessing the child/family situation. (9.4.08)

Q5: The Contract states that an e-mail be sent to the Department worker confirming the date and time of the first face-to-face contact with the family. Sometimes the first contact is not made within 24 hours of referral due to difficulty locating the family. Can the contractor still send the e-mail confirming the first face-to-face contact with the family or attempted contacts beyond the 24 hours of referral and still be in compliance with reporting requirements?

A5: If the contractor did not meet with the family within the 24 hours of referral, they would not be in compliance with the contract or reporting requirements. But if they did meet with the family at a later date and sent the email within 24 hours of the first face-to-face contact with the family, the contractor would be in compliance with reporting requirement. Attempted contacts with the family do not meet contract contact requirements. An e-mail would need to be sent within 24 hours of every attempted contact, in order to be in compliance with reporting requirements. (12.12.08)

Removals

Q1: Approval for safety plan service bills under section 3.4.2 (C) is unclear or hard to understand? Because it is a “reabuse” issue, is the DHS assessment referenced the first

report (the one that led to engagement of the safety services) or the second report (that came in after services began)?

A1: Section 3.4.2 (C) was amended effective 7.1.08 to state that the child will be safe from additional abuse and neglect until the end of the delivery of Safety Plan Services (Payment=\$50.00) (Revised 7.1.08)

Q2: A CPS referral comes in on 10/1 and we put in Safety Plan Services in the home on 10/2, then on 10/7 during the course of Safety Plan services, there are new abuse allegations. The Safety Plan Services end on 10/17 and the assessment of the allegations received on 10/7 is completed on 10/31. So because the allegations received on 10/7 were not confirmed until AFTER the Safety Plan Services ended, they have no impact on the provider performance? The provider gets the “bonus” even though the abuse occurred while they were involved with the family?

A2: If the above description is stating that the finding in the second assessment report was "not confirmed" the provider would be eligible for the bonus. If the second assessment report were "confirmed" even though the assessment was not completed until after the Safety Plan Services had ended, the provider would not receive the bonus as the abuse happened while Safety Plan Services were in place. (The second abuse allegation came in (10/7) while Safety Plan Services were being delivered (10/2-10/16). **The completion date of the assessment and the date the allegations were reported are not the issue; the issue is the *date of the incident*.**) (8.13.07 – See section 3.4.2)

Q3: Scenario: Open case with safety plan services and about three days later determine that child is unsafe and do a removal. Will safety plan services perform visitation with child, parents and siblings or do I close out safety plan services and open Family Safety, Risk and Permanency services AND if I do open Family Safety, Risk and Perm services to provide the visits do I have to close the CPW assessment before I can get those services.

A3: If the child is removed from their home during the Safety Plan Services period, the Department child protective worker may, if they believe it necessary, either terminate the Safety Plan Services and initiate Family Safety, Risk, and Permanency Services; or continue the Safety Plan Services until the end of the 15 calendar day service period and then initiate Family Safety, Risk, and Permanency Services. With any out of home placement, you do not have to complete the CPS Assessment Summary before referring to Family Safety, Risk, and Permanency Services. Visitation services are available under both Safety Plan Services and Family Safety, Risk, & Permanency Services.

A department child protective worker may refer a case for Family Safety, Risk, and Permanency Services but the child protective worker retains responsibility for the case until the Child Protective Assessment Summary Report is completed. An ongoing Department child welfare case management worker cannot be assigned until the assessment report is completed. (Revised 8.13.07 – See section 3.2.1.1)

Safety Plans

Q1: What information will be incorporated into the Safety Plan and what level of detail should providers expect in the Safety Plan when delivering Safety Plan Services? What are the expectations of the provider?

A1: Children who are determined to be conditionally safe will require a Safety Plan, developed in collaboration between the Department worker and the family. The plan will identify the specific concerns and issues that need to be addressed to protect the child, as well as the safety actions and oversight necessary to assure the protection of that child and other children in the case. The Safety Plan will also specify the frequency of the face-to-face contacts and the location where Safety Plan Services should be provided (e.g., in the child's home or in some other location). (9.14.07)

Q2: If there is a change for the Safety Plan after services begin, can the current Safety Plan be amended with an addendum rather than having to complete an entirely new Safety Plan? If so, can the addendum be in the form of an email that clearly identifies the addendum with the new effective date?

The Safety Plan could be affected when the child is removed early in the 15 days and placed out of the home; a change in the frequency of contacts with the family; and/or any changes in needs/concerns/issues, etc. to be addressed by the Contractor.

A2: The DHS worker will need to modify the Safety Plan that will identify the new date as well as change. For now, the modifications should be made by drafting another Safety Plan that will identify the new date as well as the new expectations. This form will be reviewed to see if information can be saved and then modified, if needed at a later date. (4.2.08)

Family Functional Assessments

Q1: Will DHS complete the Family Functional Assessment for Safety Plan Services cases? How will DHS use their Family Functional Assessments? Are there timeframes within DHS when the Family Functional Assessment must be completed? If so, when will providers receive a copy of it?

A1: The Family Functional Assessment is not a tool but rather a process that is used throughout the life of the case. It is used to assess the strengths and needs related to the safety, permanency and well being of the child. This process is incorporated into many different documents utilized by DHS such as the Safety Assessment, Child Protective Assessment, CINA Assessment, and the Family Case Plan. Child Protective Assessments and CINA Assessments are to be completed within 20 business days. Providers will not receive a copy of the Child Protective Assessment report or CINA Assessment report during Safety Plan Services. (9.5.07)

CINA Assessments

Q1: If Safety Plan Services are provided and completed during a CINA Assessment, can we refer the case to Family Safety, Risk, and Permanency Services at the completion of the CINA Assessment?

A1: Children may receive Safety Plan Services during a CINA Assessment but are not eligible for Family Safety, Risk, and Permanency Services until the child is adjudicated. (8.22.07 – See section 3.1.3.3)

Q2: When a CPW is conducting a CINA Assessment that is not based on a child abuse allegation but may be due to the child's mental health or behavioral needs, would it be appropriate to refer this type of case to Safety Plan Services?

A2: It would be appropriate if the child has been determined to be conditionally safe as a result of a safety assessment during the course of a CINA assessment, the department worker has developed a Safety Plan, and it has been determined that provision of Safety Plan Services is necessary to prevent the removal of the child from their home or current placement. (8.24.07 – See section 3.1.1.1)

Q3: Can protective childcare be utilized in a CINA Assessment if there are Safety Plan Services in place? Clarification was received that protective childcare can be utilized during a Child Protective Assessment, but it was not clear about CINA Assessments.

A3: Yes. Protective childcare may be utilized during a CINA Assessment in conjunction with Safety Plan Services if episodes of family or domestic violence or substance abuse place the child at risk of abuse or neglect and protective childcare is specifically identified in the Safety Plan. (12.5.07)

15-Day Safety Plan Reports and Daily Contact Logs

Q1: If the 15th calendar day falls on Saturday or Sunday, is the report still due on that day, or is it a possibility to have the report turned in by 8:30 AM the following Monday?

A1: The 15-calendar day unit begins with the date and time of the referral. The Department worker must receive this report within 24 hours of the end of the 15th calendar day of service. (Revised 7.1.08– see section 3.2.1.3(b))

Q2: If a Contractor meets with a family on a weekday evening after 4:30 p.m. on the 15th day of service, does the Contractor have until 8:30 a.m. the next State of Iowa business day to send the report?

A2: No. The 15-calendar day unit begins with the date and time of the referral. The Department worker must receive this report within 24 hours of the end of the 15th calendar day of service. (Revised 7.1.08)

Q3: Is there a particular process that should be followed in submitting contractor reports to DHS?

A3: Reports are to be **e-mailed to the referring worker** with a cc to SAx@dhs.state.ia.us with x being the number of your service area. The **naming convention in the subject**

line should be: S or P (for type of service)-county number-State ID. So, for Safety Plan Services provided for a child from Wapello County, the e-mail would be copied to SA7@dhs.state.ia.us with a subject line of S-90-123456A. (9.28.07)

Q4: Can we print off 15-day report and summary contact logs from providers and place them in the CPW file? If so, is policy going to reflect the change in case file information?

A4: Yes. Copies shall be maintained in the CPW file. However, the information shall be treated as service information not as child abuse information. If the case becomes eligible for FSRP Services, copies of the report and logs shall also be maintained in the SWII file. Policy does not address which file the information shall be contained so there will be no need to reflect a policy change. (10.5.07)

Q5: Does the contractor need to maintain paper copies of emails and reports or can they be stored electronically?

A5: Emails and reports can be stored electronically. (10.17.07)

Q6: What information needs to be emailed to the service area mailboxes?

A6: All reports and any communication that is required be completed by the contractor and emailed to the Department worker will include a cc: to the service area mailbox. (10.24.07)

Q7: Who gets a copy of the 15-day reports? Is it only the DHS worker? Does the family get a copy?

A7: The 15-Day Case Summary will be e-mailed to the DHS worker and county mailbox. There is no requirement that the contractor provide a copy to the family. (11.2.07 – See Section 3.2.1.3 (b))

Q8: If the Care Coordinator assigned for Safety Plan Services meets with the family at three different times during the same day, would there need to be three separate contact logs or could all of the contacts be completed on one daily contact sheet?

A8: All contacts could be completed on one daily contact log or completed in separate contact logs. If all contacts are included in one log, then each contact should be specifically documented.

NOTE: When multiple contacts are combined into one daily contact log, the contact log would need to be emailed to DHS from the end time of the first contact made, not the last contact in order to be in compliance with Section 3.2.1.3. (Revised 9.4.08)

Q9: If a Safety Plan Service case closes prior to the 15th day, is the Safety Plan Services 15 Day Report still due by midnight on the 15th day or is it due by midnight the day the case closes?

A9: If the case closes prior to the 15th day, the Department worker must receive this report within 24 hours of the end of the 15th calendar day of service. (Revised 7.1.08)

FAMILY SAFETY, RISK, AND PERMANENCY SERVICES

Case Definition

Q1: It appears more clearly that the "client" in Family Safety, Risk and Permanency Services is the total family unit and not individual children within the family, and that anything that impacts one of the children in the unit, as defined under 3.4.3, impacts the payment for that "client" and unit payment. Correct also?

A1: Yes. (8.2.07)

For Family Safety, Risk, and Permanency Services, case means:

- The child, or children, who are victims of abuse and meet the Department's criteria for opening ongoing services, or a child or children who are subject to a court order based on a child in need of assistance proceedings; and
- Any whole, half, or step siblings of these children who reside in the same household at the time of the service referral or move into the household during the service delivery period or are in placement under the care and supervision of the Department; and
- The parents, stepparents, adoptive parents, or caretakers, such as relatives or significant others of the parents, of the above children.

Q2: There are times when different family members are being served by different caseworkers (i.e. one child in group care or in Toledo). Is it better/essential to have all the children under one worker? The workers would have an open case for court ordered supervision and only one worker would have the FSR&P services open.

A2: The impression is that you are referring to DHS workers in this situation. The workers and supervisors should consult on the best approach for case assignment in these situations. (8.24.07)

Q3: Currently, there are multi generations of the same family residing together in the same household who are receiving services for separate/similar issues. As of 10-1-07, will we be treating that family as one family since they live together OR will we be treating that family as two separate families since there were separate abuse incidents with different perps?

A3: When situations such as this arise the supervisor should be consulted. How the family is viewed and the legal issues around confidentiality would be determined on a case-by-case basis. (9.5.07)

Q4: Currently, we have cases where two separate families share the same home and are involved with different SWII for separate issues. Will we treat those as separate families although they share the same dwelling and are just roommates?

A4: These would be treated as separate cases. (9.5.07)

Q5: What happens if two different clients are involved in two separate abuse incidents that then become involved in a relationship and move in together? (We need to know how to separate or combine those cases).

A5: After the move, the two adults would be considered caretakers of the children and would be identified as one case. (9.5.07)

Q6: If we need to include involvement of the non-custodial parent or other relatives not living in the child's home, will we provide services under the "case membership" or would this need to be a new referral to FSRP? For example: one of the children is removed and placed with their non-custodial parent or a relative but other children still reside in the household. Is this still the one case, or do we refer for another case? How do we provide services to the non-custodial parent?

A6: This situation would be identified as one case. Services provided to the non-custodial parent would be outlined and described in the family case plan. (9.5.07)

Q7: What happens if we learn of new members to the household? What happens when we learn of members leaving the household?

A7: Any time there is a change in household composition; the DHS worker and the provider need to communicate this change to one another.

If the DHS worker learns of a new member entering the household, the DHS worker will notify the provider. If the new member to the household meets the definition of case membership, the DHS worker will then enter the new case member into FACS with the effective date being the date that the provider was notified.

If the provider learns of a new member entering the household, the provider will notify the DHS worker. If the new member to the household meets the definition of case membership, the DHS worker will then enter the new case member into FACS with the effective date being the date that the provider learned of the change.

If either the DHS worker or the provider become aware of any person leaving the household they should notify one another. A person leaving the household does not change the composition of the case. (9.14.07)

3055

Q1: How will the 3055 be generated for FSRP Services?

A1: Case flow will still be utilized for the generation of the 3055. To generate a 3055, DHS staff will need to complete the initial FACS entries for the youngest victim as they do today. The link to this process is as follows: [\\hoovr3s1\facts\Desk aides and Tips from the Help desk\Entries required for Initial case set up in FACS.doc](#) (9.14.07)

Q2: We understand that the initial 3055 for FSRP Services needs to be authorized for three months. Is the provider automatically entitled to three months of pay or can the

case be closed prior to the end of the three-month period and payment is only for the months of service?

A2: In approving services for new cases, the Department worker will generally authorize an initial minimum period of three (3) months, and then reassess the need for additional monthly units. If it's determined that the authorized amount is not needed, the provider will be paid only for the amount of time that services were provided. (9.21.07 – See section 3.4.3, specifically “note”)

Q3: What happens if the 3055 is not sent to the contractor?

A3: The date of the referral for FSRP Services is the effective date on the 3055. The 3055 can be faxed, emailed, or hand delivered to the contractor on the date of the referral. A phone call or email to a contractor does not constitute a referral for FSRP Services. If there is no 3055, there is no referral.

If the contractor receives emails and/or phone calls from DHS staff wanting to make referrals without a 3055, the contractor should notify their Contract Monitor. If the subcontractor receives emails and/or phone calls from DHS staff wanting to make referrals without a 3055, the subcontractor should notify their lead contractor, and the contractor should then notify their Contract Monitor.

Department staff will receive clarification that the date of referral for FSRP Services is the effective date on the 3055. (Revised 2.15.08)

Q4: If current 3055s expire prior to the implementation of new services effective 10.1.07, do we need to complete a Notice of Decision?

A4: Yes. A Notice of Decision would be sent regardless of which services have been offered. (9.26.07)

Q5: Does the 3055 need an original signature?

A5: No. Contractors do not need an original signature on the 3055 to begin service delivery. (10.17.07)

Q6: What if the DHS worker does not have the correct information on the 3055? What if the name, address, and phone number is incorrect on the 3055?

A6: If the 3055 does not have the correct information, the contractor should notify the referring worker. If the contractor does not receive a response from the referring worker, the contractor should then notify the Contract Monitor. (10.17.07)

Q7: Will there be any backdating of the 3055?

A7: DHS workers will only be able to obtain retro reauthorizations on 3055s with **SAM approval**. This applies to reauthorized 3055s and does **not** apply to initial authorizations or termination 3055s. (Revised 9.4.08)

Q8: What if the 3055 has an effective date that differs from the authorization date? What date should be used to begin services? For example: Authorization date of 10.1.07 but the effective date is 10.3.07.

A8: The authorization date on the 3055 is the date that the form is prepared. The effective date is the date that services are to begin. The contractor is to use the effective date as the date of referral to begin the delivery of services.

For example: If the 3055 reflects an authorization date of 10.29.07 with an effective date of 10.31.07, then services are to begin on 10.31.07.

The date a case will be considered open for Department payment begins on the effective date. (10.24.07)

Q9: What date should the end date reflect on the 3055?

A9: DHS workers are instructed to end the date of service generally on the last day of a month. However, there may be situations when the end date would not be the last day of the month. (11.2.07)

Q10: If you are referring a family for FSRP services and it is a CINA case NOT protective issue whom do you put on the 3055 for referral? For example: A 14 year old in placement (CINA) but they have another sibling at home (not CINA). We understand that you put the “youngest victim” on 3055 when it is a protective case or if both children were CINA you would put the sibling at home on the 3055.

A10: The name of the youngest child adjudicated would be on the 3055. (11.21.07)

Q11: What is the service start date for FSRP Services?

A11: The service start date will be the effective date on the 3055 which should be received by the Contractor this same date. (Revised 2.15.08)

Q12: What happens if the effective date on the 3055 is dated prior to the date that the Contractor actually receives the 3055? For example: The effective date on the 3055 is 11.19.07, but the Contractor does not receive the actual 3055 until after 4:30 p.m. on 11.20.07 because the 3055 was mailed to the agency address?

A12: The 3055 can be emailed to the Contractor to ensure immediate delivery unless the email system is down. If the 3055 is not emailed, then the Contractor should contact the DHS worker or DHS Supervisor and notify DHS that the 3055 was not received prior to or on the effective date. The effective date on the 3055 should also be the same date that the Contractor actually receives the 3055 to begin delivery of services. (12.5.07)

Q13: What if a Contractor receives a 3055 with an effective date of 1.15.08, but it is after 4:00 p.m. Does the first day for the 5 day time frame begin the next business day or on the 15th?

A13: The first day of the 5-day timeframe begins with the effective date on the 3055, regardless of the time the 3055 was received. In this example, day one would be 1.15.08 with day two as 1.16.08, etc. (2.1.08)

Q14: Is there a “Notice of Expiration” form that can be generated to terminate the 3055 (like there was for cases approved by CACT)?

A14: No. (2.1.08)

FACS Help

Q1: Does the FACS ID always stay the same or could it change for any reason? On one of the examples it has the FACS/Incident number - could these be the same number?

A1: The FACS ID will remain the same (unless a child is adopted, then a new FACS ID is issued for the new identity). The incident number is specific to the Child Abuse/CINA Assessment and it will not change. If Safety Plan Services are provided, the services will be opened in the name/FACS ID of the youngest child victim. (8.24.07)

Q2: DHS can override a contractor's case assignment in FACS. Does FACS track that override and automatically make the appropriate compensation in the next case assignment in order to maintain equal disbursement of cases?

A2: Yes. (10.17.07)

Q3: I understood that for FSRP services we open a FACS case on the youngest child in a family (assuring RELL screens are done) and that if there is a placement service we open a FACS case for maintenance on each specific child. Since a case is now a family is there a need to open up individual FACS cases for COSD (court ordered supervision)? We have historically. It would be so much simpler if we didn't have to, but I want to make sure that state has a level playing field.

A3: Yes, an individual case should be set up for each child under court ordered supervision. (8.6.07)

Q4: During the initiation of services phase for Family Safety, Risk and Permanency Services, is the email to the provider automatically generated by the system or does the CPW or ongoing worker send the email after FACS has selected the provider?

A4: No. There is no automated notice to the provider based upon a worker's generation of a provider or entry of a service into FACS. The DHS worker is responsible for sending all of the transfer/referral packet contents. (8.24.07)

Q5: It is my understanding that the Case ID # is the "family constellation" number similar to the "State ID" except this is more like a "family number" - but this number will stay the same for that family. Is this correct or would/could this number change if the case closed and then re-entered the system?

A5: Yes, if the case were to close and the family returned there would be a new Case ID #. (8.24.07)

Q6: What is the use of the Case Id assigned by FACS/STAR at the time of Provider Assignment?

A6: The Case Id generated with the provider assignment is the Id that will be utilized for tracking of the Performance Measures for each service episode. The Case Id is similar to an authorization number however it doesn't expire in a 6-month timeframe as occurred with the CACT Authorizations. This authorization will be related to a family's service episode and a new one is assigned for each episode.

Examples:

The Smith family is authorized for FSRP services 10/15/2007. Case Id 087500001 is assigned. The FSRP services continue through 06/01/2008. This Case Id will then measure performance measures.

The Smith Family is authorized again for FSRP services 10/15/08. At this time a new Case Id of 087500701 is assigned. This service episode is then tracked via the new Case Id assigned. (2.27.08)

Referral Process and Eligibility

Q1: We have to approve two 15-day safety services for a family (total of 30 days). Often we cannot get into court for months. Can we start the Family Safety, Risk, and Permanency services without a CINA or voluntary service app? How about when we have a placement but no order or app?

A1: You do not have to approve two 15-day safety services. You only approve the 2nd 15-day service IF the CINA Assessment or CPS Assessment is not yet completed and services need to continue in order to keep the child conditionally safe. Services could begin without a CINA in place if the case meets criteria for DHS Eligibility. However, a signed voluntary service application would be required. (8.2.07)

Family Safety, Risk, and Permanency Services are designed to provide interventions and supports for children and families who meet Department criteria for child welfare services because of their:

1. Adjudication as a child in need of assistance by juvenile court; or
2. Placement in out-of-home care under the care and responsibility of the Department; or
3. Need for Department funded child welfare interventions, based on one of these factors:
 - a. A child in the family is under six (6) years of age and is a founded victim of child abuse or neglect, regardless of whether the child's Department assessed risk level is low, moderate, or high; or
 - b. A child in the family is six (6) years of age or older, is a founded victim of child abuse or neglect, and the child's Department assessed risk level is moderate or high.

Q2: Would DHS staff automatically refer all children in out of home placement to FSRP services, regardless of any or no current purchased services in the case?

A2: In general, you would refer cases to Family Safety, Risk, and Permanency Services with exceptions c, e, and f listed below.

There are several case situations where the Department would generally not make a referral for, or continue purchasing, Family Safety, Risk, and Permanency Services, even though the family might otherwise meet case eligibility criteria. In some situations, the

Department may have an open case in which Department staff are providing case supervision and no child welfare services are being purchased. Other situations may include, but are not limited to, the following:

- a.** The child abuse victim is age seventeen [17] or older, does not want services, and juvenile court will not initiate actions to assume jurisdiction.
- b.** The child's family has resources and connections to community services or supports that are assessed to be sufficient to assure child safety and/or permanency; and has demonstrated, or can quickly obtain, the capacity to access services and supports through their own efforts.
- c.** *The child is already involved with juvenile court because of delinquent behavior and Juvenile Court Services is meeting the child's and family's needs.*
- d.** The child abuse perpetrator does not have access to the child, such as in the following situations:
 - The perpetrator has been criminally charged and is incarcerated and therefore does not pose a threat to the child; or
 - The abuse happened several years ago and the perpetrator no longer has access; or
 - The perpetrator did not reside the child's home [non-custodial parent, babysitter, child care center staff, etc.] and has no access to the child.
- e.** *The child was removed from home and placed under Department care and responsibility while the case was receiving Safety Plan Services, and the Department worker decides that Family Safety, Risk, and Permanency Services will not be initiated until the completion of Safety Plan Services or completion of the Department assessment report.*
- f.** *The child has been placed in an adoptive placement, the child has adjusted well to the placement, the adoption is awaiting finalization, and the adoptive family can through their own efforts access services/supports to meet their needs without provision of this Department-funded service.* (8.13.07 – See section 3.1.5)

Q3: In an APPLA case where the child is in the permanent placement and there are no purchased services occurring (e.g. community resources and RSP), this would not meet exception C, E, or F, but would seem to meet B. Is this correct?

A3: If it is a permanent placement and no services are purchased and no informal services or supports are required, there would be no reason to refer to Family Safety, Risk, and Permanency Services. Family Safety, Risk, and Permanency Services would be appropriate if the child had unmet needs that would jeopardize the permanent placement. The situations listed in section 3.1.5 are not an exhaustive list and does state, "may include, but are not limited to, the following:" The example provided here is similar to B or F. If there are no safety issues and no permanency issues identified, then you do not need to refer to Family Safety, Risk, and Permanency Services. (8.22.07 – See section 3.1.5)

Q4: If a child within the family household commits delinquent acts and subsequently becomes involved with Juvenile Court Services, which may include a placement out of the home, community service or another community based program, do DHS services for that child stop? Provided there are other children in the family that warrant continued

involvement of FSR&P, how does this affect the provider's incentives and/or performance measures?

A4: If the child moves to Juvenile Court Services, services would be provided under their direction and FSR&P Services would end. If there are other children who were victims involved in the original child abuse or CINA assessment, services may continue at the worker's discretion. Performance measures and incentive payments would still apply. (9.5.07)

Q5: What identification number will be used for referrals and provider reporting for Family Safety, Risk, and Permanency Services?

A5: The Referral and Authorization for Child Welfare Services, Form 470-3055, and any other referral form sent to the Contractors will use the State Identification Number (SID) of the youngest child victim in the family case. This same SID number will be used for Contractor reporting on all monthly or quarterly reports and Excel spreadsheets. (9.14.07)

Q6: Can a family be referred to FSRP Services when the outcome of the Child Protective Assessment report is Not Confirmed but DHS is referring the case for adjudication?

A6: No. Family Safety, Risk, and Permanency Services cannot be implemented unless the case meets criteria for DHS Eligibility.

Family Safety, Risk, and Permanency Services are designed to provide interventions and supports for children and families who meet Department criteria for child welfare services because of their:

- 1) Adjudication as a child in need of assistance by juvenile court; or
- 2) Placement in out-of-home care under the care and responsibility of the Department; or
- 3) Need for Department funded child welfare interventions, based on one of these factors:
 - a) A child in the family is under six (6) years of age and is a founded victim of child abuse or neglect, regardless of whether the child's Department assessed risk level is low, moderate, or high; or
 - b) A child in the family is six (6) years of age or older, is a founded victim of child abuse or neglect, and the child's Department assessed risk level is moderate or high. (11.21.07)

Q7: Does the family need to sign a release of information upon referral to the FSRP Services Contractor?

A7: No, unless the information is specific to Mental Health, Substance Abuse, or HIV/AIDS information.

Please refer to 441 IAC 9.10(7), which in part says: You may share information concerning clients with service providers under contract to the Department when the Department does not provide the needed service directly. This policy does not authorize free exchange of confidential information between any Department employee and any

employee of a contracted service provider. It allows for the exchange of pertinent information necessary to carry out the plan about a mutual client between the Department employee involved with the case and the foster parent or the social worker, psychiatrist, or other staff assigned to the case by the provider agency.

When the information needed by the provider is mental health information or substance abuse information, the specific consent is required. (Revised 2.5.09)

Q8: If the FSRP Services are not entered into FACS prior to 10.1.07, will we be able to assign the case to the provider that would be specified by our local protocol for cases existing before 10.1.07? For example: We have a case that through our local protocol should be assigned to LSI, but the worker doesn't get that assignment into FACS prior to 10.1.07. Can they override the automatic FACS assignment so that the case is assigned to LSI as opposed to Families First?

A8: Overrides will have to be approved through the Service Area Manager (SAM). The Department worker will need to complete the provider assignment in FACS/STAR and then indicate the override when approved. (9.28.07)

Q9: Under what grounds can DHS Supervisors authorize referral overrides to the Contractor?

A9: With DHS Supervisory approval, referral flexibility is permissible when a new referral was previously served by one of the contractors or one of their subcontractors, and either the family, Department worker, or both feel it would be beneficial for services to continue with that contractor. These overrides are applicable during the transition period for the Council Bluffs Service Area through 3.31.08.

Currently for all other service areas and for the Council Bluffs service area after 3.31.08, if a family received FSRP Services from Contractor A when the case closed but reopens under 12 months, the DHS worker may override the assignment to Contractor A if B should come up at the time of referral. This only applies to FSRP providers. (Revised 2.1.08)

Q10: We got the clarification stating that we have not received a referral for permanency services until we receive the 3055. Does this include the other items in the intake packet, which would direct our services also? If we receive the 3055 one day and the rest of the packet one or more days later, what is the date of referral? Is it when we have all of the referral items, or just the 3055?

A10: It was clarified that the 3055 triggers the referral for FSRP Services and that the Department worker will provide available case specific information at the time of the referral. If the intake packet or available case specific information is not provided at the same time as the 3055, the referral is still the effective date on the 3055. (Revised 11.2.07)

Q11: Will Supervised Apartment Living (SAL) services continue after 10.1.07?

A11: Yes, SAL services will continue with no changes at this time. However, youth that are receiving SAL services will be eligible for FSRP services if the case meets criteria for DHS Eligibility. (9.14.07)

Q12: What is the time frame in which the Contractor must respond to a referral for FSRP Services?

A12: There is no specific time frame that the Contractor must get back to the DHS worker. The expectation is that the Contractor will make contact with the DHS worker. The effective date on the 3055 begins the 5-day time frame for Contractors to meet with the family. The effective date on the 3055 also begins the payment process. (2.1.08)

Q13: Are youth over the age of 18 in foster care under a Voluntary Placement Agreement (VPA) eligible for FSRP Services?

A13: Iowa Code 234.1(2) defines “child” as follows:

“Child” means either a person less than eighteen years of age or a person eighteen or nineteen years of age who meets any of the following conditions:

- a. Is in full-time attendance at an accredited school pursuing a course of study leading to a high school diploma.
- b. Is attending an instructional program leading to a high school equivalency diploma.
- c. Has been identified by the director of special education of the area education agency as a child requiring special education as defined in section 256B.2, subsection 1.

A person over eighteen years of age who has received a high school diploma or a high school equivalency diploma is not a child within the definition in this subsection.

In the example above, the youth would be eligible for FSRP Services as long as they have not received a high school diploma or a high school equivalency diploma. (2.1.08)

Q14: How early can DHS initiate a reauthorization for FSRP Services?

A14: There is no time limit specified; however, best practice would indicate ten (10) days prior to expiration of the authorization.

Systems standpoint: DHS Staff can generate a reauthorization at any time, but staff needs to make sure that the end date is changed on the reauthorization. (2.1.08)

Q15: Contractors have received some reauthorizations of 3055s with the name of a different child from the same family membership but not the child identified on the initial 3055. Why is this? Are there situations where this will occur? If so, how should these cases be handled?

A15: Under reauthorization of services, the name on the 3055 should not change at any time, even if a new youngest victim is identified. If a referral has already been made and the family is receiving services, the name on the initial 3055 should remain on the reauthorization.

DHS workers should refer to the Decision Tree that was sent out on 5.21.08. (Revised 6.3.08)

Q16: If there is a suspended judgment on a case, is the family eligible for FSRP Services?

A16: Yes. Suspended judgment occurs at disposition, therefore; the child is already adjudicated CINA and is eligible for FSRP Services. (2.15.08)

Q17: Do providers need to have a signed release of information or complete a Request for Child Abuse information in order to receive a copy of the CPW Assessment included in the transfer packet?

A17: No.

However, if the Contractor is requesting any prior founded CPS Assessment reports on the family they will need to complete the Request for Child Abuse Information. As for any subsequent founded reports, the Contractor will also have to complete a Request for Child Abuse Information. (Revised 9.4.08)

Q18: Will the case transfer packet from the Social Worker 3 to the Social Worker 2 include the initial intake form?

A18: No. The documents provided from the Social Worker 3 to the Social Worker 2 will include the CPS Assessment Summary, Family Risk Assessment, Safety Assessment, Safety Plan, and Application for All Social Services. (10.5.07)

Q19: We have had several cases that 3055s have transferred from one sibling to another since services have initiated. One example is DHS was forced to close a case on the identified child by a judge and therefore, the case had to transfer to the next youngest child's name in the family. The contractor must take this as a new referral, even though it is the same family-it is a new 3055. The DHS FACS system does not recognize it as the same family. Is there any way the system can transfer the case so the contractor does not have to start over with the same family and therefore, start with new deliverables on the same family again?

A19: Under reauthorization of services, the name on the 3055 should not change at any time, even if a new youngest victim is identified or if the Court closes a case on the original child. The Court determines if the CINA case is to close, not whether the Department closes the case. If a referral has already been made and the family is receiving services, the name on the initial 3055 should remain on the reauthorization.

DHS workers should refer to the Decision Tree that was sent out on 5.21.08. (Revised 6.3.08)

Q20: If you have a case where one sibling is placed in foster care (in Iowa) and another sibling is placed with a relative in another state through ICPC, how should that case be referred? Both children are APPLA and it is no longer a goal for them to be placed together. Should these children be referred as one case or two separate cases? Also, is

the contact criterion the same for children who are APPLA or post-TPR and are placed in group care facilities across the state or out-of-state? Are there any exceptions to this?

A20: There are situations where the Department may not refer a case for FSRP Services. Please refer to section 3.1.5 for those exception reasons.

This case will be referred as one case.

The Contractor is required to see the child placed in foster care within 5 business days. The Contractor is not required to see the sibling in relative/kinship care placed out of state. The DHS worker should handle the contact and services provided to the sibling placed out of state through the ICPC process. The ICPC referral process and requirements have not changed with the implementation of FSRP Services. (4.3.09)

Q21: What is the Contractor's obligation when a child is placed out of state? What if the family moves out of state? When does ICPC become involved?

A21: If the identified child victim is placed out of state, and there are no siblings and the parents remain in Iowa, then there would be no need to refer to FSRP Services. In this particular case, the DHS worker would initiate the ICPC referral process.

If during FSRP Services, the identified child victim is placed out of state, but the parents and siblings remain in Iowa; the Contractor would continue to work with the siblings and parents but there would be ICPC for the child placed out of state. The DHS worker would coordinate through ICPC to ensure that the contact and services are provided to the identified child out of state.

If the entire family moves out of state, you would close FSRP services. However, if the DHS case remains open then the DHS worker would make an ICPC referral to the other state. (4.2.08)

Q22: In order for FSRP providers to attend Family Team Meetings for cases during assessment (where the case outcome will be founded and open for services), they must be assigned to the case. Our current understanding is that a DHS case must be open for Court or have a founded child abuse before FSRP Services can be provided. Is there a way to refer FSRP Services without or prior to Court involvement for families that will be opened for services?

A22: Family Safety, Risk, and Permanency Services cannot be implemented unless the case meets criteria for DHS Eligibility. (6.3.08)

Background

Q1: Is there a conflict if the same contractor is providing FSRP Services and LPHA services to the child and family? Is this a duplication of services? If so, will there be a protocol in place that DHS can require one of the services be delivered by another provider?

A1: No, it would not be a conflict of interest nor would it be a duplication of services. (9.26.07)

Q2: If DHS workers would choose to use Remedial Services for their clients instead of using the new child welfare services, how will this be handled?

A2: Remedial Services address behavioral health needs of the child where as FSRP Services address safety, risk, and permanency. The two are not directly related to one another and should not substitute for one another.

Situations in which the DHS worker might have an open child welfare case, but not purchase FSRP Services are described in Section 3.1.5 of the contract. (9.28.07 – See section 3.1.5)

Case Plans

Q1: Currently, DHS workers complete case plans on all clients with an open service case. Starting 10.1.07, will there only be one case plan per family?

A1: Yes. However, if there are two or more victims and at least one is placed out of the home, or more than one child is under the Court's jurisdiction, there will be a case plan completed for each child. (9.5.07)

Q2: When will the Family Case Plan be completed by DHS? When will contractors receive a copy of the Family Case Plan?

A2: The Family Case Plan is to be completed within 60 days from the initial provision of services or a court order. (9.26.07)

Q3: The Contract references the Case Plan as the guide to determine the frequency of contact for parents that do not reside in the home. However, if the case is new to the Department as well as to the Contractor, the Case Plan is not usually written at the time of the FSRP Service referral so there is no reference to contact frequency. Is there another method of identifying the frequency of contacts for those parents who do not reside in the home?

A3: If a Case Plan has not been completed and provided to the Contractor at the time of the FSRP Service referral, then the DHS worker should identify on the FSRP Referral Face Sheet the name of the parent not living in the home and the frequency of contact. The FSRP Referral Face Sheet was posted to the DHS website on 4.1.08. (4.2.08)

Q4: What if there is no Case Plan after 60 days, do Contractors still go by the Referral Face Sheet or is it the Contractor's choice regarding the *frequency of contact with parents not residing in the home*? What if there is a Case Plan, but there is no reference to the *frequency of contact with parents not residing in the home*, is it the Contractor's choice regarding the frequency of contact?

A4: DHS workers are to have a Case Plan completed within 60 days from the initial provision of services or a court order. If a Case Plan has not been provided to the

Contractor after 60 days, this should be addressed at the local level through collegial consultation to resolve this issue.

Since Contractors are held to the frequency of contact identified in the Case Plan and one has not been provided, the Contractor will not be held to contact requirements for those *parents not residing in the home*. The same is true if there is no reference in the Case Plan when one is provided.

However, best judgment should be used to direct the blend of services and supports provided toward addressing individual case needs. (2.5.09)

Family Functional Assessments

Q1: Will DHS complete the Family Functional Assessment for Family Safety, Risk, and Permanency Services cases? How will DHS use their Family Functional Assessments? Are there timeframes within DHS when the Family Functional Assessment must be completed? If so, when will providers receive a copy of it?

A1: The Family Functional Assessment is not a tool but rather a process that is used throughout the life of the case. It is used to assess the strengths and needs related to the safety, permanency and well being of the child. This process is incorporated into many different documents utilized by DHS such as the Safety Assessment, Child Protective Assessment, CINA Assessment, and the Family Case Plan. The Family Case Plan is to be completed within 60 days from the initial provision of services or a court order. (9.5.07)

Q2: How does the Family Functional Assessment relate to the DHS Case Plan? What is the expectation of how providers will use it?

A2: The case plan would reflect the needs and strengths identified in the Family Functional Assessment of the child and family related to safety, permanency and well being of the child. The activities in the case plan are to be aligned with the Department's Family Functioning Domains. As a result of the family functional assessment, the provider will ensure that their service interventions are modified to best meet family needs. (9.5.07)

Q3: In relation to Functional Assessments-Are there different expectations for the cases that were transitioned to the contractors than on cases that are new to services? Is there a time frame that the functional assessment needs to be completed after the contractor receives the case? Since the intent is that this be a valuable tool for service provision and outcomes, we do not want this rushed. Is the contractor required to send these to the DHS worker when they are completed at each required stage of the case?

A3: The expectations for transition cases and new cases do not differ. Family functional assessment is expected to be ongoing and occur each time the contractor has a contact concerning the case.

Case Progress Reports shall include a description of information concerning ongoing family functional assessment activities conducted during the reporting period. Each Case Progress Report must summarize the results of family functional assessment activities conducted during each reporting period. The Case Progress Reports will be sent to the DHS worker with a copy to the county mailbox. (Revised 2.15.08 – See section 3.2.2.3(b))

DHS staff, providers, and families should gather and contribute information pertinent to the family functional assessment from the point of DHS intake forward and ongoing analysis of the information gathered should be completed in a timeframe that ensures the information is useful to the case planning process and to the Court process if applicable. If DHS or the Court requests a copy of the contractor's initial family functional assessment, this falls within the category of "other reports as required", and the contractor is required to provide the family functional assessment report to DHS and/or the Court.

Q4: If a psychosocial assessment is requested by DHS or is court ordered who is responsible for doing the assessment and who pays for it if the family doesn't have Title 19?

A4: In the past, there was a family centered service component defined as a "psychosocial assessment" (A3 services). However, this service no longer exists.

The FSRP contractor is required to complete a family functional assessment. (10.5.07)

Q5: If a child/family is receiving FSRP Services, can or should the Department use Court Ordered funds to pay for a parents' psychological evaluation?

A5: The Family Functional Assessment should determine if there are any substance abuse, domestic violence, or mental health issues directly impacting the safety, permanency, and well being of the children in the case. As a result of the family functional assessment, the contractor will ensure that their service interventions are modified to best meet family needs and ensure recommendations are made for any necessary specific interventions and supports that are outside the scope of their contract.

While family functional assessment activities are not expected to include clinical behavioral health or psychological or psychiatric evaluation or treatment, provision of basic physical and behavioral health screening for children is expected so that appropriate referrals for treatment can be recommended.

Refer to IAC 441-151.21(232) for the certification process regarding Court Ordered Services. (2.15.08)

Transportation

Q1: During FSRP Services, is a contractor required to transport a child out of town for medical/dental appointments?

A1: Contractors are responsible for provision of transportation assistance when necessary for the family to access services and/or supports, attend visits, and participate in other activities identified as essential in the Department Case Plan. Transportation assistance could be provided through giving gas cards to the family or providing funding or arranging for a friend, volunteer, or relative to transport the child and/or family.

If the child's physical health needs (i.e., preventive health and dental care, immunizations, treatment for identified health and dental care) are addressed as essential needs in the Family Case Plan, then the Contractor would be responsible if identified. If the physical health care needs are not addressed in the Family Case Plan, then Contractors are not responsible for medical and/or dental appointment transportation. (11.21.07 – See section 3.2.2.1(i))

Q2: During FSRP Services, is a contractor required to transport a parent out of town to a court hearing when the hearing is a criminal case that involves the parent only?

A2: No. Contractors are not responsible for transportation of a parent to a criminal court hearing. (11.21.07 – See section 3.2.2.1(i))

Q3: The RFP outlines transportation assistance, which states that the Contractor is also responsible for transporting youth in foster care to their court hearings when necessary. The question is, does this apply to relative placement? Is the Contractor required to transport youth in relative placement to court hearings?

A3: This applies to relative placement as well as foster care; therefore, the Contractor is required to transport youth to court hearings. Contractors are responsible for provision of transportation assistance when necessary for the family to access services and/or supports, attend visits, and participate in other activities identified as essential in the Department Case Plan. The Contractor is also responsible for transporting youth in foster care to their court hearings when necessary. Transportation assistance could be provided through giving gas cards to the family or providing funding or arranging for a friend, volunteer, or relative to transport the child and/or family. (2.15.08 – See section 3.2.2.1(i))

Transition Cases

Q1: For DHS cases that will transfer to the new contractors, when will the clock start ticking on 10 months of service and time-sensitive performance measures? Will the 10 months begin once the case has been transferred to the new FSRP provider?

A1: The ten months of service will begin with the date of referral of the case to the new contractor. (Revised 9.26.07)

Q2: For current cases that are being transitioned to the new services, whether internal or external, what does the contractor have to follow for QA reporting? Do they have to make contact with the child in 5 days and then every calendar week? Do they have to see every child in the family? Basically, are transitional cases treated the same as a new case?

A2: The contract does not provide for different requirements for transitional cases; they are treated the same as new cases. (Revised 7.1.08 – See section 1.5.2 d and 3.2.3.2 b iii)

The effective date of the five-day contact is from the date of referral. The date of referral is the effective date on the 3055. (Revised 10.24.07)

Supervised Visits

Q1: In the past, DHS could purchase services to provide only court-ordered supervised visitation for families who were able to get other service needs met through community resources such as substance abuse or domestic violence programs. Is it acceptable to purchase FSR&P for the purpose of court-ordered supervised visitation? If not, how is supervised visitation funded when there is no informal support available to assist with it?

A2: Yes, it would be acceptable to purchase the services. (9.5.07)

Q2: Can FSRP services be authorized for supervised visitation only?

A2: A referral can be made for Family Safety, Risk, and Permanency Services based on the child/family needs for supervised visitation. Individual case needs, results of family team meetings, and the family case plan will direct the blend of services and supports provided by a Contractor to each case. (11.2.07)

Case Progress Reports

Q1: On the Case Progress Report, how do we add additional sections under “Contacts Report”? In reviewing the current document, it allows for three face-to-face contacts. What if we have more during the month?

A1: The section under “Contacts Reports” is unprotected so that you are able to copy and paste this section to incorporate all face-to-face contacts. (9.21.07)

Q2: When is the Case Progress Report due to DHS?

A2: The Case Progress Report will be sent in electronic or written form at monthly intervals during the entire service delivery period.

Due dates for Case Progress Reports are calculated beginning with the effective date of the initial 3055. The Case Progress Report is due within 5 business days from the 30th day.

For example, if the effective date is the 5th of the month, then the report period ends on the 5th of the following month, and the contractor has 5 business days to get the report submitted. If the effective date is the last day of the month, the report period will always end on the last day of the month, and the contractor has 5 business days to get the report submitted. (Revised 7.1.08 - See section 3.2.2.3 b)

Q3: What information needs to be emailed to DHS? Is there a particular process that should be followed in submitting contractor reports to DHS?

A3: All reports and any communication that is required be completed by the contractor and emailed to the Department worker will include a cc: to the service area mailbox. Reports are to be **e-mailed to the referring worker** with a cc to [SAx@dhs.state.ia.us](mailto:Sx@dhs.state.ia.us) with x being the number of your service area. The **naming convention in the subject line should be: S or P (for type of service)-county number-State ID**. So, for FSRP Services provided for a child from Wapello County, the e-mail would be copied to SA7@dhs.state.ia.us with a subject line of P-90-123456A. (Revised 2.15.08)

Q4: Can we put the 15-day report and summary contact logs in the SWII file if it becomes a DHS eligible case?

A4: Yes. If the case becomes eligible for FSRP Services, copies of the report and logs shall be maintained in the SWII File. Copies shall also be maintained in the CPW file. (10.5.07)

Q5: Does the contractor need to maintain paper copies of emails and reports or can they be stored electronically?

A5: Emails and reports can be stored electronically. (10.17.07)

Q6: The attorneys (GALs and County Attorneys) would like for DHS to email them the Case Progress Reports and 15-day reports that we get from the provider agencies, prior to the court hearings. Is that acceptable?

A6: The distribution of reports is at the direction of the Court. DHS workers should follow local Court practice and/or orders. (Revised 7.1.08)

Q7: Who gets a copy of the Case Progress Reports? Is it only the DHS worker? Does the family get a copy?

A7: Case Progress Reports shall be sent to the Department worker with a copy to the parents unless the parental rights are terminated. (Revised 7.1.08 – See section 3.2.2.3 (b))

Q8: Are weekends and agency holidays treated the same for Case Progress Reports as they are for the Safety Plan Services Reports?

A8: No. Effective with the amendments dated 2.15.08, the Case Progress Report is due within 5 business days from the 30th day. (Revised 7.1.08)

Q9: If the Case Progress Report is one day early is the contractor out of compliance?

A9: No. The Contractor will not be out of compliance if the report is received prior to the monthly due date. (Revised 7.1.08)

Q10: If a FSRP case closes before a Case Progress Report is due, do Contractors complete just the termination summary and incorporate the information from the days that have not been reported on this, or do both reports (Case Progress and Termination Summary) need to be completed? For example, the case closes on 1.29.08 and the Case Progress Report wasn't due until 1.31.08.

A10: Regardless of when the Case Progress Report is due, if the Contractor met with the family and delivered services during the month, and then the case closed, both the Case Progress Report and the Service Termination Summary would be required to be completed. The content required for the Case Progress Report and the Service Termination Summary report is different. (Revised 7.1.08)

Q11: The new contract amendment changes the dates of all Case Progress Reports to the effective date of the 3055. When services are re-authorized the effective date also changes. For example, a case originally has an effective date of 11/5/07. It is reauthorized effective on 2/6/08. Which date is the report due on an ongoing basis every month, on the 5th or is it on the 6th?

A11: The Case Progress Report due dates are calculated beginning with the effective date of the initial 3055. Therefore, in this case the reports are due on the 5th of every month thereafter. The Contractor has five business days from this date to submit the report to the Department. (3.7.08)

Q12: How are current cases transitioned to the new reporting dates? If the last report was sent 1.24.08 and the effective date of the 3055 is 1.1.08, when is the next report due?

A12: The reports are calculated with the effective date on the initial 3055, not the reauthorized 3055. If the effective date of the initial 3055 is the 1st of the month, then all subsequent reports are due on the 1st of the following month. If the effective date on the initial 3055 was the 24th of the month, then all subsequent reports are due on the 24th of the following month. (3.7.08)

Q13: A copy of the Case Progress Report is to be provided to the parents unless the parental rights are terminated. What if the parents are divorced? Are Contractors obligated to send the reports to the absent parent? What if the custodial parent is requesting that the reports NOT be sent to the non-custodial parent because it is causing problems? What if there is a No Contact Order between the parents?

A13: A copy of the Case Progress Report should be provided to the parents unless their rights have been terminated or if there is a Court order stating that the report should be withheld from the absent parent. (4.2.08)

Q14: Q & A 10 under Case Progress Reports says that a Case Progress Report is due if the contractor met with the family and delivered services during a 30 Day period. Is there a particular date that report is due? Can it be done with the Service Termination Summary within 14 days of closing, or can it be done when the next Case Progress Report would be due, which might be after the Service Termination Summary was due? If we did not provide any services during that period, is another Case Progress Report due? Does it make a difference if we billed during that time but didn't see anyone in the family? For example, we completed a Case Progress Report on 6/1/08, and then learned that the case was closing on 6/10/08 and although we will bill 10 days in June, we have not had any contact with the family during those 10 days. Our Service Termination Summary will be due 6/23; is a Case Progress Report due, and if so, when is it due?

A14: Please see following scenarios:

Scenario 1– FSRP Services began on 4-5-08, which makes the Case Progress Report (CPR) due on 5-5-08. However, the case closed on 4-15-08. The Contractor did not see the child in April. When is the CPR due? When is the termination summary due?

The CPR is due within 5 business days from the due date of 5-5-08 according to the contract. However, since the case closed 4-15-08, it does not make sense that the CPR is due after the termination summary report, coupled with the fact that the Contractor did not even see the child in April, and have nothing to report. So, when a case closes prior to the due date of a CPR, the CPR and the termination summary both shall be completed within 14 days of case termination.

Scenario 2– FSRP Services began on 4-5-08, which makes the CPR due on 5-5-08. However, the case closed on 4-15-08. The Contractor did see the child in April. When is the CPR due? When is the termination summary due?

The CPR is due within 5 business days from the due date of 5-5-08 according to the contract. However, since the case closed 4-15-08, it does not make sense that the CPR is due after the termination summary report. Since the Contractor did see the child in April a CPR is still due however, instead of getting the full period of time to complete the report, the CPR and the termination summary shall be completed within 14 days of case termination.

Scenario 3– FSRP Services continue and the due date for the CPR is 7-15-08, which makes the CPR due on the 15th of subsequent months. However, the Contractor did not see the family/child by 8-15-08.

When is the CPR due?

The CPR is due within 5 business days from the due date of 8-15-08 according to the contract. However, since the contact with the family/child was not made during this monthly period, the Contractor would submit the CPR as due but would document in the report that the child was not seen but is scheduled to be seen yet that month to meet the calendar month requirement. (8.13.08)

Q15: How are Case Progress Reports shared with parents who have TPR on some children, but not on all children? For instance, two children have been terminated on but there are two children that remain at home in the custody of the parents. This is still treated as one FSRP case, but the parents are not entitled to the information on the children that have been terminated on. The Case Progress Reports contain information on all four children.

A15: One option is to complete separate Case Progress Reports on the two groups of children. The other option is to redact information that the parents are not entitled to. (12.12.08)

Q16: What can Contractors tell court appointed special advocates (CASA) who call for information or request copies of reports? What about Foster Care Review Boards (FCRB)?

A16: The Contractor shall provide to the local ICAB Office copies of the reports upon receipt of a request and the court order appointing CASA.

In reference to Foster Care Review Boards, Iowa Code Chapter 237.21(2) states the following:

“Information and records relating to a child receiving foster care and to the child's family shall be provided to a local board or the state board by the department or child-care agency receiving purchase-of-service funds from the department upon request by either board. A court having jurisdiction of a child receiving foster care shall release the information and records the court deems necessary to determine the needs of the child, if the information and records are not obtainable elsewhere, to a local board or the state board upon request by either board. If confidential information and records are distributed to individual members in advance of a meeting of the state board or a local board, the information and records shall be clearly identified as confidential and the members shall take appropriate steps to prevent unauthorized disclosure.”

Therefore, per Iowa Code the Contractor shall provide a copy of the report to the FCRB. (4.3.09)

5-Day Contacts

Q1: Can the DHS worker waive the requirement of seeing a child that is in Residential Treatment (out of home placement) within the first 5 days of referral?

A1: No, DHS cannot waive contractual obligations. Section 3.2.2.2(a) was amended to read:

- a. Make face-to-face contact with the parent(s), any caretaking adults in the home, and any child or children that reside in the home or are in a foster family care, kinship care, or shelter care placement that were identified by the Department worker at referral as abuse victims and/or subjects of a court order based on CINA proceedings within five (5) business days of the Department referral and participate in a face-to-face initial joint meeting with the Department worker, if available, and family in all referrals.

If a child is placed in PMIC, Toledo, or Group Care the Contractor is required to see the child within the first 30 calendar days.

The Contractor must make face-to-face contact with parents that do not reside in the home at the frequency identified in the Case Plan.

Note: While face-to-face contacts should generally occur in the family home, not all contacts are mandated to occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case. (Revised 2.15.08)

Q2: What happens if the contractor receives a referral on a child who goes on the run, regardless of the placement setting, so that there is no 5-day contact made?

A2: The contractor should notify the Department worker and alert them to the situation. When the child is found, contact must be made with the child. The days that the child is on the run will not count towards the 5-day timeframe. (10.24.07)

Q3: If we are unable to get accurate information from the DHS worker that allows us to meet with the family within 5 days, will we be out of compliance?

A3: If inaccurate information is received from the DHS worker that does not allow the Contractor to meet with the family within 5 days, it should be documented in the case file as to why. It would be the Contractor's responsibility to make contact with the DHS worker when attempted contact is not successful in order to receive more accurate information to make the contact within 5 days. If this is an ongoing issue, the Contractor should notify their Contract Monitor and inform them of the situation.

Contractors who do not achieve 85% of case compliance with the elements reviewed in the Department Case File Review, or whose family and Department worker satisfaction results are below an 85% satisfaction level as described in Sections 3.2.3.3 – 3.2.3.3.4, will be required to develop and submit to the Department, within forty- five [45] days, a Program Improvement Plan [PIP]. (11.2.07 – See section 3.5.2)

Q4: If a visit is to occur within 5 days from referral, what happens if the child refuses to meet with a parent or stepparent present at the meeting? The worker met with the parent and stepparent without the child present but did meet with the child later. Is this not in compliance?

A4: Face to face contact must be made with the parent(s), any caretaking adults in the home, and any child or children that reside in the home or are in foster family care, kinship care, or shelter care placement identified by the Department at referral within five (5) business days. As long as the all identified members have been seen within the identified timeframe, it does not matter if the members were seen together or seen individually. (Revised 2.15.08)

Q5: If a visit is to occur within 5 business days from referral, the visit needs to be with the caretaker and the child. The caretaker could be a foster parent or relative so must the worker still meet with the birth parents within the 5 business days?

A5: Yes. (Revised 9.4.08 - See section 3.2.2.2(a))

Q6: If the worker had asked that all family members be present for the initial session but once they arrive, one of the children is not present, is the contractor in compliance?

A6: If there is only one identified child victim and that child victim is not present at the initial meeting, but the Contractor does meet with the identified child within the 5 business days from referral, the Contractor would be in compliance.

If there is one identified child victim and one sibling in the case, but the sibling is not present for the meeting but the identified child victim is, then the contractor would be in compliance.

If there is more than one child victim identified, then all identified child victims must be seen within 5 business days in order for the Contractor to be in compliance. (Revised 2.15.08)

Q7: For children who have had their parent's rights terminated, who are living in a foster/resource home that is not planning to adopt them, who are contractors required to see within 5 days? It is our understanding that Four Oaks would provide services to the foster/resource family, so are we required just to see the child or do we also have to meet with the foster/resource family?

A7: Family Safety, Risk, and Permanency Services contractor is required to meet with the child(ren). Section 3.2.2.2(a) was amended to read:

- a. Make face-to-face contact with the parent(s), any caretaking adults in the home, and any child or children that reside in the home or are in a foster family care, kinship care, or shelter care placement that were identified by the Department worker at referral as abuse victims and/or subjects of a court order based on CINA proceedings within five (5) business days of the Department referral and participate in a face-to-face initial joint meeting with the Department worker, if available, and family in all referrals.

If a child is placed in PMIC, Toledo, or Group Care the Contractor is required to see the child within the first 30 calendar days.

The Contractor must make face-to-face contact with parents that do not reside in the home at the frequency identified in the Case Plan.

Note: While face-to-face contacts should generally occur in the family home, not all contacts are mandated to occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

The role of Recruitment and Retention contract with Four Oaks is to provide support to the resource family but the two services should work in partnership with one another. The FSRP Services contractor will always be the lead in achieving permanency for the child. As a result, depending on the needs of the child, we presume that there will be situations where the FSRP contractor wants to meet with the foster parent. For example: to get the foster parent's input on how the child is doing and the child's needs, or to coordinate with the foster parent the arrangement of visits with siblings that are in another placement. (Revised 2.15.08)

Q8: What is the process for contractors visiting children in alternate out of home settings? (i.e. congregate care, foster care, etc.)

A8: The assigned DHS worker should notify the placement that an FSRP provider has been assigned and will be visiting with the child while placed in their care. DHS should provide the name of the FSRP contractor as well as the name of the assigned worker if known. It will then be up to the placement to request identification of the assigned FSRP worker when they come to visit with the child. (11.21.07)

Q9: When a Contractor meets with the child/family within the first five (5) business days, does this contact also count for the every calendar week requirement? For example, the case is referred on 7.8.08 and the family is first seen on 7.11.08 within the five (5) business days. What would the calendar week requirements be?

A9: The child/family would need to be seen once during the weeks of July 13-19; July 20-26; July 27-August 2; and then again once during the week of August 3-9.

Even though the first 30 days in this particular example would end on 8.6.08, the Contractor would have the entire week to make this contact.

The intent of minimum contact requirements was to have the Contractor see the child/family within five (5) business days and then at least once every calendar week during the first 30 days.

This will be clarified in a Contract Amendment. (9.4.08)

Calendar Week Contact and Monthly Contact

Q1: If the contractor met the child/family within the five days on 2.15.08, and is now ready to make their contact with the child/family within the next calendar week, when should the next visit occur?

A1: The requirements state the contractor must maintain and document a minimum of face-to-face contact at least once every calendar week with the family. Since the initial contact was made on 2.15.08, the next visit must occur sometime during the week of 2.17.08 through 2.23.08. (10.5.07 – See section 3.2.2.2)

Q2: Does the once every calendar week contact requirement include face-to-face contact with non-custodial parents, since they have a blood or legal relationship with the child, or does it just include care-taking adults? If it includes non-custodial parents, what are the parameters for that? For example: What if the parent is incarcerated or lives in another community or state?

A2: The frequency of contact with non-custodial parents will be specified in the family case plan. Sections 3.2.2.2 (g) and (h) were amended to read:

- g. Maintain and document the level of contact as specified in the family case plan. The frequency of contact with the child and family will be determined

by the court, the department worker and/or the results of Family Team Meetings based on the needs and complexity of the case. At a minimum face-to-face contact shall occur at least once every calendar week with the family during the first 30 days of service delivery. All other children in the case that reside in Iowa but not residing in the parental home must be seen face to face at least once during the first 30 days. This includes children in foster family care, kinship care, and shelter care placements. This 30-day period begins with the effective date of the initial 3055.

The Contractor must make face-to-face contact with parents that do not reside in the home at the frequency identified in the Case Plan.

Note: While face-to-face contacts should generally occur in the family home, not all contacts are mandated to occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case.

- h. Maintain and document the level of contact as specified in the family case plan. At a minimum face-to-face contact shall occur every calendar month with the family and with all children in the case that reside in Iowa after the first 30-day period of service delivery.

Note: The Contractor must make contact with parents that do not reside in the home at the frequency identified in the Case Plan.

Note: While face-to-face contacts should generally occur in the family home, not all contacts are mandated to occur in the home. Contacts may also occur in alternative settings based on the needs and circumstances of the individual case. (Revised 7.1.08)

Q3: If the child is in residential treatment, can the worker meet with the parent alone at least once every calendar week?

A3: Maintain and document the level of contact as specified in the family case plan. The frequency of contact with the child and family will be determined by the court, the department worker and/or the results of Family Team Meetings based on the needs and complexity of the case. At a minimum face-to-face contact should occur at least once every calendar week with the family during the first 30 days of service delivery. All other children in the case that reside in Iowa but not residing in the parental home must be seen face to face at least once during the first 30 days. This includes children in foster family care, kinship care, and shelter care placements. (Revised 7.1.08 – See section 3.2.2.2(g))

Q4: If visits are to occur at least once every calendar week, visits need to be with the caretaker and the child. The caretaker could be a foster parent or relative so must the worker still meet with the birth parents within the calendar week?

A4: Yes. Maintain and document the level of contact as specified in the family case plan. The frequency of contact with the child and family will be determined by the court, the department worker and/or the results of Family Team Meetings based on the needs and complexity of the case. At a minimum face-to-face contact should occur at least once every calendar week with the family during the first 30 days of service delivery. Although the foster parent is now considered to be a caretaker for the child, the contract does not require the foster parent be seen every calendar week. The contact every calendar week must be with the birth parents. (Revised 7.1.08)

Q5: In cases where all of the children in a family are in placement, either in foster care or in relative placement, both a significant distance from the parental home, we are still unclear if we are required to see at least one of these children at least once every calendar week during the first 30 days, or just see all children at least once during the first 30 days?

A5: Children that reside in the home or are in a foster family care, kinship care, or shelter care placement that were identified as abuse victims and/or subjects of a court order based on CINA proceedings must be seen within 5 business days. All other children in the case that reside in Iowa but not residing in the parental home must be seen face to face at least once during the first 30 days. This includes children in foster family care, kinship care, and shelter care placements. (Revised 7.1.08)

Q6: Does there always need to be a child present when meeting with the adult(s)? If so, why?

A6: As long as the all identified members have been seen within the identified timeframe, it does not matter if the members were seen together or seen individually. (Revised 7.1.08)

Q7: If a client moves to group care during the first 30 days do we as a provider continue to see them every calendar week or does it go to every 30 days because they are now in group care?

A7: Once the child enters placement, the Contractor would not be required to see the child every calendar week but would be required to see the child at least once within the first 30 days and at least once a month thereafter. (Revised 7.1.08)

Q8: With the new amendments effective July 1st, 2008 Contractors are required to see families every calendar month following the first 30 days. If the first 30 days ends on July 2nd, would we need to see all family members again in July or would it be August? The same question if the first 30 days ends on July 15th or on July 28th. What is the requirement?

A8: If the Contractor meets with the identified children and family members anytime during the month of July, whether it is the 2nd, 15th, or 28th (as example above), the next required contact with the family would be in August. At a minimum, face-to-face contact should occur every calendar month after the first 30 days of service delivery. Since contact was made in the month of July, the next calendar month is August. (7.15.08 – See section 3.2.2.2 (h))

Q9: With the new amendments effective July 1, 2008, the language in Section 3.2.2.2(g) now states that all other children in the case that reside in Iowa but not residing in the parental home must be seen face to face at least once during the first 30 days. Does this mean that children placed out of state are no longer required to be seen? For example, what about children placed at Boys Town in Omaha, NE or any other placement agency along the Iowa border?

A9: If a child is placed outside of the state of Iowa, then the DHS worker would coordinate through ICPC to ensure that contact and services are provided to the identified child out of state. This includes children placed in the states surrounding Iowa.

However, there is an agreement between the State of Nebraska and the State of Iowa pertaining to the Interstate Compact on the placement of children. The geographical area to which this agreement applies is the common boundary between the states of Nebraska and Iowa, contiguous counties on either side of the Missouri River (Sioux City Service Area and Council Bluffs Service Area). This agreement identifies that the receiving state shall have full responsibility for supervising the placement. However, the sending state can offer to provide the supervision instead. It is the decision of the receiving state Compact administrator whether to accept the offer of the sending state, or provide the placement supervision themselves. Refer to A21 under Referral Process and Eligibility for specifics. (8.13.08)

Q10: If a Contractor cannot see a family/child due to medical reasons, can phone contact replace the face-to-face contact? Will this count against the Contractor's 85% compliance? For example, what if the Care Coordinator is pregnant and a child identified in the family has chronic staph infections and can not be seen face to face? The Contractor does not want to replace the Care Coordinator with another worker in order to keep continuity and consistency with the family.

A10: It is beneficial to continue with the existing Care Coordinator making contact by phone; however, another person from the agency must complete the face-to-face contact, as one purpose of the face-to-face contact is to observe the child and living situation. (8.13.08)

Q11: Can DHS staff close out FSRP Services and open Safety Plan Services in order to get daily contact with the family and/or to respond to crisis situations?

A11: DHS workers should not be closing FSRP Services to open Safety Plan Services. Section 3.2.2.1 of the Contract identifies the service activities for FSRP Services, which includes crisis response. The contact listed in the Contract is a minimum requirement.

If the case changes, there should be a Family Team Meeting scheduled in order to determine what has changed and what needs to be done to address the changes in the case. (9.4.08)

Q12: Can DHS call the FSRP Contractor to request daily contacts due to the nature of concerns (lack of supervision)? Can we ask the Contractor to increase the crisis management and meet with the family on a daily basis as they are now only going one or two times per month which is not sufficient.

A12: Section 3.2.2.1 of the Contract identifies the service activities for FSRP Services, which includes crisis response. The contact listed in the Contract is a minimum requirement. There should be collaboration between the family, DHS, and the Contractor to determine what is in the best interest of the child and family. (9.4.08)

Q13: Are Contractors required to meet with parents who reside outside the State of Iowa?

A13: Parents who reside outside the State of Iowa are to be seen at the frequency identified in the Case Plan. (12.12.08)

Q14: Is the Contractor required to facilitate the visitation between a child and their family members if the child is placed out of state?

A14: The FTMs and Family Case Plan will determine the frequency and forum for parent child visitation. If face-to-face visits cannot occur based on the Case Plan or FTMs, then other forms of contact should be explored. (12.12.08)

Q15: When can DHS notify a Contractor that they are no longer required to meet with an uncooperative parent during FSRP service delivery?

A15: Contractually, there is no identification of a specific number of attempts to be made in order to engage and work with the parents. If the parents are uncooperative, the provider can stop seeing the parents and this would fall into the 15% margin of compliance requirements. If the parent is not residing in the home, the Case Plan determines the frequency of contact. Otherwise, it is the responsibility of the Contractor to engage the family.

If a parent becomes uncooperative while working with the Contractor, the Contractor should notify the DHS worker immediately.

Iowa Code 441-130.5(2) *Termination*. A particular service may be terminated when the department determines that:

- a. The specific need to attain the goals and objectives to which the service was directed has been achieved, or
- b. After repeated assessment, it is evident that the family or individual is unable to achieve or maintain the goals set forth in the individual client service plan, or
- c. After repeated efforts, it is evident that the family or individual is unwilling to accept further service. (2.5.09)

Monthly Performance Summary (Submitted to Contract Monitors)

Q1: When is the Monthly Service Performance Summary Report due to the Contract Monitor?

A1: The Monthly Service Performance Summary Report is due 15 calendar days from the last day of the month. If the 15th day falls on a Saturday, Sunday, or holiday observed

by the State of Iowa, the report is due by 8:30 AM on the next State of Iowa business day. (Revised 7.1.08)

Q2: How are the QA reports supposed to be submitted to DHS? And to whom?

A2: The monthly QA reports are submitted to the Contract Monitor who is identified in the Contract. The reports are submitted by email. (10.24.07)

Q3: What % of FSRP cases are to be included in the monthly summary report?

A3: All FSRP cases that were served during the month that the Contractor is reporting should be included on the report. (10.24.07)

Q4: Do we need to email the DHS worker, notifying them of the initial scheduled appointment with the client prior to meeting with the client for our first meeting under FSRP services? Is this an outcome measure we will be held to?

A4: The requirement that the contractor will be held to is identified in RFP section 3.2.2.2(b), which states that the contractor shall ensure that an e-mail is sent to the Department worker confirming that the initial face-to-face meeting with the family has occurred and the date of this meeting.

This is a service delivery requirement that contractors are expected to meet; it is not an outcome measure that determines incentive payments. (10.24.07)

Q5: We found the initial monthly performance tracking for permanency cases to be very helpful to us in figuring out where we needed to make changes or improvements in our work. While it will be helpful to no longer have to track the Department worker's performance, we now have about 230 cases, and the monthly tracking on all of these is very time consuming. We are wondering if at some point that will be reduced—perhaps we could do a larger sample each quarter in lieu of monthly tracking for permanency, or we could do a random sample of our cases each month rather than 100%. If you continue to feel that we need to track 100% of permanency cases each month, could we have some additional time each month to complete that?

A5: This is a contractual requirement. There is no plan to make changes to this requirement at this time. (Revised 7.1.08)

Jurisdiction Issues

Q1: What happens to a case when the service starts in the service area, but the family moves to a different service area? Does the case move to a provider in the other area or stay with the current provider? I am assuming that the court case has not been transferred?

A1: The contractor would be responsible to provide services to the child and family regardless of where the family moves in Iowa. The contractor may deliver services in other service areas of Iowa either directly or through subcontracts with other entities. However, if the court case has been transferred, the case will then transfer to the service area with court jurisdiction. The contractor in the new service area will then be

responsible for providing services to the family. The protocol for transfer of cases from service area to service area is still required. (8.2.07)

Case Closure – Notice of Decisions (NOD)

Q1: Will we as providers receive a NOD from the DHS worker letting us know what date we should close and thus stop billing for these services? What is the timeframe for completion of those notices? Will the NOD be effective after we actually receive it, or is it possible we could already have provided services beyond the date of closure?

A1: Providers will not receive a NOD as this only goes to the family. Any time that the termination date changes, Contractors will receive a new 3055 with the new date when payment for services will terminate. (11.2.07)

Q2: If a Contractor receives the 3055 and the family moves out of state or the case closes per DHS request, but we as the contractor have not seen the family for reasons beyond our control, do we bill from the effective date until the date of the NOD closing the case?

A2: If the agency has received the 3055 and the family moves out of state, the Contractor should notify the DHS worker immediately that the family has moved. The Contractor should also document all attempts made to see the child/family. The DHS worker will review the case situation and determine whether to continue with services after the move or whether to end services. If the DHS worker decides to end services, the worker will issue a new 3055 with a new end date, and the Contractor would then bill for the delivery of services from the effective date to the new end date.

If the agency has received the 3055 but DHS then requests to close the case, the Contractor will receive a new 3055 with the new end date. The Contractor would bill from the effective date to the end date on the 3055 for payment of services. (11.2.07)

Q3: Once FSRP Services are open, under what conditions can the service be closed besides when the court case is dismissed? Can the worker decide that provider outcomes have been met and end the service at any point in time, regardless of court involvement, the expiration date of the 3055, or any other circumstances? Is the provider involved until the case closes?

A3: The Department worker has the responsibility for determining when to end FSRP Services based on a collaborative discussion between the DHS worker, contractor, and the family about the behavioral changes that were identified in the child/family's case plan and the outcomes achieved. Reasons for closing the service earlier than the 3055 states may be such things as the case plan goals were achieved earlier than anticipated; or if a voluntary case, the family refused to cooperate with services. If the court specifically ordered DHS to provide FSRP Services, the DHS worker would need court approval to terminate these services. In situations in which the DHS worker does end FSRP Services, the family may still be involved with an open DHS case without purchased services. The provider may also be involved with the family on a voluntary basis even after DHS ends the purchase of FSRP Services. (9.28.07 – See section 3.4.3)

Q4: What code site or manual reference should be documented on the Notice of Decision (NOD) at the close of FSRP Services?

A4: The code site is 441 – 130.5(2) a, b, or c depending on the reason for case closure.

441-130.5(2) *Termination*. A particular service may be terminated when the department determines that:

- d. The specific need to attain the goals and objectives to which the service was directed has been achieved, or
- e. After repeated assessment, it is evident that the family or individual is unable to achieve or maintain the goals set forth in the individual client service plan, or
- f. After repeated efforts, it is evident that the family or individual is unwilling to accept further service. (2.1.08)

Q5: What is the required paperwork DHS needs to send to the Contractors when a case closes?

A5: The Department worker has the responsibility for determining when to end FSRP Services based on a collaborative discussion between the DHS worker, Contractor, and the family. If the DHS worker decides to end services, the worker will issue a new 3055 with a new end date. Therefore, the only paperwork required to a Contractor is a new 3055 with the new final end date. (2.1.08)

Q6: When the determination is made to close an FSRP case, collegial consultation has occurred, so is the end date on the 3055 the date of the last visit (direct contact with the family)? Or is there a provision for the provider to bill for an additional period of time to complete reports?

A6: The determination for the end date will be decided on when the responsibilities of the provider will end. Case closure will be based on circumstances of individual cases. The case closure is not connected to the last visit and there is no provision for additional time to complete reports. FSRP Services is purchased as a package, not as a half hour rate. (2.1.08)

Q7: What do we do when we do not get timely notification from a NOD or 3055 that a case is closing? For example, we receive an NOD on the 15th that is dated for the 6th and we had no idea that it was going to close?

A7: This is a practice issue that needs to be resolved on a case-by-case basis. The Department worker is required to send an NOD to the family, not to the Contractor. The Department worker will send the Contractor a new 3055 with a new end date terminating services. Prior to terminating services, the Department worker should have communicated with the family and the Contractor the decision to close the case.

If this does occur, the Contractor should notify the Department worker and/or supervisor and handle through collegial consultation. (3.7.08)

Q8: If a DHS worker sends the Contractor a termination 3055 on 8.4.08 ending services on 8.6.08, is the Contractor required to see the child/family during the calendar month of August?

A8: The Department worker has the responsibility for determining when to end FSRP Services based on a collaborative discussion between the DHS worker, contractor, and the family about the behavioral changes that were identified in the child/family's case plan and the outcomes achieved.

In this particular situation, the Contractor does not have a complete calendar month to make contact with the child/family; therefore, no contact will be required in the month of August prior to case closure. (8.13.08)

Adoption Services – Pre Placement and Post Placement

Q1: What services are pre subsidy (adoptive placement agreement, but not finalized) families eligible to receive with the new Family Safety, Risk, and Permanency Services?

A1: The child at this point would still be in foster care and thus be eligible for Family Safety, Risk, and Permanency Services. The Family Safety, Risk, and Permanency services will be directed toward addressing the child's needs. Once the adoption occurs, the family will no longer be eligible for Family Safety, Risk, and Permanency Services but will be eligible for Adoption Preservation Services under the Recruitment & Retention contract. However, if the post adoptive client becomes DHS eligible after finalization then they would become a new FSRP client. (Revised 6.3.08)

Q2: What services are adoptive families eligible for with the new Family Safety, Risk, and Permanency Services?

A2: Adoptive families would not be eligible for Family Safety, Risk and Permanency Services unless the case meets criteria for DHS Eligibility. (8.6.07)

Family Safety, Risk, and Permanency Services are designed to provide interventions and supports for children and families who meet Department criteria for child welfare services because of their:

1. Adjudication as a child in need of assistance by juvenile court; or
2. Placement in out-of-home care under the care and responsibility of the Department; or
3. Need for Department funded child welfare interventions, based on one of these factors:
 - a. A child in the family is under six (6) years of age and is a founded victim of child abuse or neglect, regardless of whether the child's Department assessed risk level is low, moderate, or high; or
 - b. A child in the family is six (6) years of age or older, is a founded victim of child abuse or neglect, and the child's Department assessed risk level is moderate or high.

Once the adoption occurs, the family will no longer be eligible for Family Safety, Risk, and Permanency Services but will be eligible for Adoption Preservation Services under the Recruitment & Retention contract.

Q3: If the family is involved with other services providing permanency services (i.e. Recruitment and Retention), who is the lead on the case?

A3: Family Safety, Risk, and Permanency Services will always be the lead in achieving permanency for the child. The role of Recruitment and Retention is to provide support to the resource family but the two services should work in partnership with one another.

If the case is post adoption, then Family Safety, Risk, and Permanency Services would not be involved. (8.6.07)

Q4: Will Adoption Services 01-02 Pre-placement services and 01-03 Post-placement services (also known as “B” Codes) be eliminated on 10.1.07 when the FSRP Services become effective? If they are eliminated, do these activities become part of the FSRP Services package?

A4: Pre-placement and post placement Adoption services will be included as part of the FSRP services if the case meets criteria for DHS eligibility. Once the adoption becomes final, FSRP services and the DHS service case would be terminated. The adoptive family could contact KidsNet under the R&R contract for help at that time or in the future.

Q5: Does "finalized adoptive arrangement" mean the judge has signed the papers or does it mean a child is placed in an adoptive home awaiting the adoption hearing?

A5: An adoption is considered finalized on the date that the court finalizes the adoption. The date is on the adoption decree. (8.29.07)

Q6: If there are two children in the home receiving FSRP Services (which is now one case), who are then removed and placed into foster care with termination of parental rights but then later move into one or two different pre adoptive homes, how many cases does this become?

A6: This will still be one FSRP case. There is no change. However, once the court legally finalizes the adoption, FSRP Services will end. (9.14.07)

Q7: Under FSRP Services, will contractors be responsible for writing social histories, social reports, and completing Life Books for children placed out of the home?

A7: While not in the mandatory requirements in the scope of service for contractors, this does not preclude contractors from completing these activities if negotiated as part of the case planning process. (9.21.07)

Q8: If a DHS worker has a sibling group of four: two of which will be adopted by their current foster parents after TPR; one will have guardianship established with paternal grandparents as the parent rights will not be terminated; and the fourth child will also be free for adoption and are placed with the paternal grandparents; how many cases will this be?

A8: This example would be defined as one case for FSRP Services. Once the children's adoption becomes finalized, the contractor would no longer be required to meet with the children. (10.5.07)

Q9: Is the FSRP Contractor required to complete pre and post adoption reports that were required to be completed in the past?

A9: There are no longer requirements to complete the old POS adoption reports. However, during FSRP service delivery, any information pertaining to the child and family should be included in the 30-Day Case Progress Report. (2.15.08)

Procurement Cards and Flexible Funds

Q1: Effective 10/1, will use of the "Procurement Card" continue to be available?

A1: Yes, the Procurement Card Program will continue to be available after 10/1. However, if the family receives Safety Plan Services or Family Safety, Risk, and Permanency Services, they will not be eligible for the Procurement Card Program. (8.6.07)

Q2: Will the Procurement Card continue to be available after 12.31.07?

A2: Yes, however it can only be used for families that are not receiving Safety Plan Services or Family Safety, Risk and Permanency Services. (10.24.07)

Q3: Are other Flexible Funds still available (i.e. Community Resource Procurement and Family Assistance) to families not receiving FSR&P? If so, how long will these funds be available?

A3: Family Centered Community Resource Procurement Services will no longer be available after 12.31.07. Between now and that date, they are only available for cases that are part of the transition from the old family centered services and are not receiving Safety Plan or FSRP services. The Family Preservation family assistance fund no longer exists because it was part of the family preservation program and the rules for that program no longer exist. (10.24.07)

Other

Q1: How can we find out the group homes or PMIC locations here in Iowa where clients might be placed?

A1: DHS maintains a complete list of child placing agencies and group foster care facilities licensed in Iowa. This list can be accessed through the following link:

http://www.dhs.state.ia.us/dhs2005/dhs_homepage/docs/LicFacs.xls

Q2: How will staff enter supervision cases when there are no purchased services after 12/31/07? These are currently entered as A5 services using the DHS provider number for cases when DHS is the supervising agency for ICPC cases from other states, and when

DHS is supervising a case with no purchased services. Will these cases be entered as they are currently if A5 is no longer a service code?

A2: DHS supervision cases can still be entered after 12.31.07 by using the A510 code with the DHS Provider Number of 1000001. (Revised 7.1.08)

Q3: Will there be instances when FSRP cases will be split due to certain situations?

A3: No. The same confidentiality restrictions apply. Confidentiality alone is no reason to separate or split cases. (Revised 7.1.08)

Q4: It is clear in Safety Plan Services that there is a two-hour response time, either in person or by telephone depending on the crisis situation (Section 3.2.1.2 (g)) with an immediate follow up to the Department worker or their supervisor via email, telephone, or other means. However, in Section 3.2.2.2 (o) during FSRP Services, it is clear on the two-hour response time, but it is not clear on the response time to the Department worker beyond the Case Progress Report. What is the response time for a Contractor to notify the Department worker of a crisis situation?

A4: The response time to the Department worker will be the same as in Safety Plan Services. The Contractor will respond to case crisis situations within two hours with an immediate follow up to the Department worker or their supervisor via telephone, email, or other means. This was clarified in the contract amendments effective 7.1.08. (Revised 7.1.08 - Section 3.2.2.2(o))

Q5: What happens when the Contractors have a holiday that is NOT observed by the State and Juvenile Court is scheduled? For example, the Contractor has Good Friday (3.21.08) off and several hearings are scheduled this date.

A5: The Contract states that the Contractor is to attend court hearings when either the Court or the Department worker requests their attendance including holidays that are observed by the Contractor but not observed by the State of Iowa. (Revised 7.1.08)

Q6: Are there any rules or contract provisions relating to Contractors smoking while transporting children and/or supervising visits?

A6: The following excerpt is from the Safety Plan and FSRP Services Contract:

[Select appropriate type of contractor: Vendors, Grantees, Borrowers] must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed.

The [Contractor, Vendor, Grantee, Borrower] further agrees that the above language will be included in any subawards that contain provisions for children's services and that all subgrantees

shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1000 per day.

The Iowa Legislature enacted a Smoke Free Air Act this past legislative session. The act became effective July 1, 2008. **The Department highly discourages any smoking around a child(ren) during transport and supervised visits.** (8.13.08)

Q7: Must attendance at FTMs always be in person or can a Contractor connect by teleconference if unable to attend in person?

A7: Contractually, Safety Plan Services states that the Contractor will participate in all FTMs. FSRP Services states that Contractors will attend all FTMs. The Contract does not state face to face; therefore, it is acceptable if the Contractor participated by teleconference call if unable to attend in person. It is recommended that FTMs be attended in person if possible but determination should be made on a case-by-case basis. (12.12.08)

CONTRACT

Billing & Payment/Start Up Costs

Q1: If there were a single provider for the service area, would that single provider be able to access \$70,000 startup funds rather than the \$35,000 per provider/two per service area?

A1: Bidders may present and describe a justification for their need for start up funding to assure capacity to begin services for cases referred by the Department effective October 1, 2007. A detailed budget for start up costs is required. Start up funding is limited to \$35,000 for each contract where there are two Contractors providing services to the same geographical contract area. Contractors that are the sole provider of services to a geographical contract area may modify the contract start up budget to a maximum of \$70,000. The proposal must also acknowledge and agree to the terms describing Payments and Billable Units of Service procedures contained in Section 3.4. (8.24.07 – See section 4.6)

Q2: Since the start-up time has been reduced, and there is so much training required during September, could some contractor's start-up activities take place after implementation date? And start-up dollars spent after implementation date?

A2: Start-up money can be spent after 10.1.07, as long as it was part of an approved start-up budget.

Ames, Cedar Rapids, Davenport, Des Moines, Dubuque, Sioux City, Waterloo Service Areas can access start up money through June 30, 2008.

The Council Bluffs Service Area can access start up money through September 30, 2008. (Revised 6.3.08)

Q3: How does the contractor request the start up funds? Who must the contractor make the request to? Can the contractor access the start up funds prior to expenditure to meet expenses?

A3: The Contractor needs to submit a GAX form for payment to their Contract Monitor. The Contract Monitor would submit the GAX form to the Contract Owner for approval and signature. Because these are start up funds, not reimbursement, the contractor may access these funds prior to expenditure. (9.21.07)

Q4: What documentation is needed regarding start up funding? What does the contractor need to have in order to show how they spent the money in case there was an audit?

A4: The contractor must maintain documentation to support expenditures for the items identified in the approved start up budget. This documentation must be retained for five (5) years. (9.21.07)

Q5: There are two separate organization codes for Safety Plan and FSRP services. Most start-up costs cannot be attributed to just one of the two services. How should start-up costs be separated for the two organization codes on the GAX?

A5: Although there are two separate organization codes, only the organization code for FSRP Services will be used for start up costs on the GAX form. (10.5.07)

Q6: If a contractor has submitted a start up budget and they don't use all of the funds in a particular category, such as staff training, are they allowed to move those funds to another category such as equipment?

A6: This will be allowable as long as the other category was a part of the approved start up budget. The documentation must substantiate the reason for the change and that the funds were used in another category. The contractor should advise their Contract Monitor of the changes they have made in the use of start up funds and the reason for the change. (10.5.07)

Q7: Can Contractors pre pay for training that would occur after June 30th but would be paid before June 30th?

A7: No. (6.3.08)

Q8: Can Contractors pay for over night lodging expense for staff coming to a central location for a two day training, as opposed to them driving back and forth each day with start up money?

A8: Yes, as long as it was part of an approved start-up budget. (6.3.08)

Q9: Can Contractors purchase training tapes/videos/DVDs that pertain to the training topics with our start up budget?

A9: Yes, as long as it was part of an approved start-up budget. (6.3.08)

Billing & Payment/Safety Plan Services

Q1: Regards the payments for Safety Plan Services, it appears the provider will be paid a maximum of \$516 per 15 day unit of service. If I read this correctly, they will be paid this maximum if all the criteria at 3.4.2 are met. Or, they could be paid less if one or more of the criteria elements are not achieved under 3.4.2, is this correct. In other words those items are not additional incentive payments beyond the base rate, correct?

A1: Yes, this is correct. However, the rate has increased from \$516 to \$521.16 in order to reflect all 2009 funding for these services. (Revised 7.1.08)

Q2: If the provider is approved for one 15-day unit of service, is the unit billed in the month the service is completed? Or billed in the month that services began? For example, October 22-November 5, billed on November invoice or billed in the month services began?

A2: The provider cannot bill before a unit is done. The provider would bill the month that the service was completed. In the example above, the provider would bill in November. (8.13.07)

Q3: If the provider is approved for two 15-day units of service, are both units billed together in the month the service is completed? For example, October 10-November 8, bill 2 units on November invoice? Or do they bill one unit as it is completed and the second unit as it is completed? For example, October 10-November 8, bill 1 unit in October [October 10-October 24] and 1 unit in November [October 25-November 8]?

A3: The provider could bill the 1st unit in October and the 2nd unit in November OR bill for both in November. If the provider does bill for the two units, then both of those units must be completed before billing can occur. (8.13.07)

Q4: Is it appropriate to have families receiving SP services that are potentially going to be apathetic, upset, or even hostile towards providers doing satisfaction surveys that could affect the provider's payments?

A4: Yes, providers are expected to work to engage all of the families they serve. However, we have taken into account that not all families will be satisfied with services so the percentage was set at 85% satisfaction. (8.29.07)

Q5: What are the procedures for electronic invoicing? What if you have not used electronic billing and need to do so?

A5: For those contractors that are already utilizing electronic invoicing, the process will continue as it does today.

DHS is still determining the timeline for implementing electronic invoicing for those contractors that have not utilized electronic invoicing in the past. (9.21.07)

Q6: What are the DHS service codes used to bill for the five Safety Plan Services billing components?

A6: The A530 code will be used to bill for Safety Plan Services. However, the last digit will be different for Contractors with multiple contracts (i.e. A531, A532, A533) based on the service area covered by that contract. (9.28.07)

Q7: Do contractors need to show start and end dates on the monthly invoice?

A7: No. (10.24.07)

Q8: Regarding Safety Plan services, in order to bill \$157.94 it is the expectation that the contractor make daily face-to face contact with the alleged child victim(s) and parents or others as identified in the Safety Plan unless identified otherwise by the Department and specified on the Safety Plan. Does the daily face-to-face contact requirement begin after the initial face-to face contact within 24 hours of the referral or on the actual date of the referral? Specifically, if a referral was received on 10-20-07 at 4:00 pm, would a contractor who saw the child/family at noon on 10-21-07 (made contact within 24 hours) and then saw the child/family daily for the balance of 15-day period be in compliance and qualify for the payment or would they have to see the child/family by midnight on 10-20-07 and then daily for the balance of the 15-day period to qualify for the payment?

A8: The face-to-face contact requirement begins after the initial face-to-face contact within 24 hours of the referral. Subsequent face-to-face contacts are due daily. So, if the Contractor saw the child/family at noon on 10.21.07, the next contact must be made by midnight of 10.22.07. If contact were made before midnight of 10.22.07, the Contractor would be in compliance. (Revised 7.1.08)

Q9: How will the authorization for payment be tracked on those cases of Safety Plan Services where weather has affected the required contact?

A9: The Contractor will notify the SAM or SAM designee as identified in section 3.2.1.2 (g) with a follow up through email. The email shall be placed in the Contractor case file for verification that payment has been approved on this requirement. (3.7.08)

Q10: According to Safety Services Measure One, the Contractor would be eligible to receive an incentive payment for each case they serve in meeting the following condition: None of the children residing in the case household at any time during the safety service or prior to the end of the department assessment are placed out of the home by order of the court or by voluntary placement agreement.

Case example: The sibling of the victim was the perpetrator and was removed from the household two days after Safety Services ended but before the department assessment was completed. Does the Contractor receive the incentive payment in Measure One based on this scenario?

A10: Yes. The Contractor would be eligible for the incentive payment. The language was amended to read and will be effective 7.1.08: None of the children residing in the case household at any time during the safety service are placed out of the home by order of the court or by voluntary placement agreement. (Revised 7.1.08)

Q11: When is a PIP required on the 85% compliance? Is the 85% overall or by category?

A11: There are actually two different areas that are impacted by the 85% compliance. The first area is the Contract Monitors review of reporting on the Quarterly Quality Assurance Report. If the Contractors responses to the categories did not match what the Contract Monitor in their review found, and the error percentage fell below 85% then a PIP would be required. The Contractor would need to show how to improve their quality assurance process.

The second area is when a category or combined categories fall below 85%. The groupings are:

Safety Plan Services Monthly Reporting:

Column E stands alone (orange colored column)
Columns F, G are combined (blue colored columns)
Columns H, I, J are combined (green colored columns)
Columns K, L, M are combined (pink colored columns)

The categories that fell below the 85% would be the identified areas that the Contractor would need to show improvement on. (Revised 7.1.08)

Q12: In reference to Safety Plan Services “Children do not suffer maltreatment during Safety Plan Service Provision” (Measure Two), is a Contractor ineligible for payment if there is an “accepted report” of child abuse while Safety Plan Services are open?

A12: The eligibility for payment of this measure is that children will be safe from abuse during the provision of services. A Contractor would be eligible for payment if there were no confirmed or founded abuse reports during the provision of services.

If there is an “accepted report” of child abuse while Safety Plan Services are open, the decision of eligibility cannot be made until the determination at the completion of the assessment report. (9.4.08)

Billing & Payment/Family Safety, Risk, and Permanency Services

Q1: Regards the payments for Safety, Risk and Permanency Services, it appears the provider will be paid a base rate of \$468 per calendar month but can earn additional payment on this base by achieving individual incentives listed under 3.4.3, correct?

A1: Yes, this is correct. However, the base rate has increased from \$468 to \$473.10 in order to reflect all 2009 funding for these services. (Revised 7.1.08)

Q2: How do providers do partial or cross month billing? For example, if I start a FSR&P case on 7/25/08 how do I note on the invoice for the month how many units I am billing for the month? Is this 6/31sts of a unit and is the next month then 1 unit plus 6/30ths?

A2: Under the monthly unit, contractors will receive a monthly payment for each full calendar month a case is opened/approved for services and the contractor meets the minimum monthly service delivery requirements. Payment for services started or ended during a calendar month will be prorated, using a daily rate divided by 30 regardless of

the actual number of days in the month. Payments will be made for both the beginning and ending days of service.

If a case is started on 7/25/08 and a bill is submitted in August for the 6 days in July, the payment will be prorated. For the example above: $\$473.10 \div 30 = 15.77 \times 6 \text{ days} = \94.62 . (Revised 7.1.08 – See section 3.4.3).

Q3: If a child/family is receiving FSRP Services and the case is open for 10 months, but the permanency goal changes during the course of services, will there be a new referral? If this is not a new referral, will the monthly payment be affected due to the length of time that the case was open?

A3: There will not be a new referral if the permanency goal changes during the course of services.

The monthly payment rate will be reduced to 90% of the monthly rate after the case is opened by the Department for ten [10] consecutive full months of services with the same contractor, regardless of whether the permanency goal remains the same or changes. The contractor's monthly rate will remain at this reduced 90% amount until the case is closed; or until the case has been open for fifteen [15] consecutive full months with the same contractor. Any prorated daily payments for these cases will be calculated at the reduced rate.

The monthly payment rate will be reduced to 80% of the monthly rate after the case is open for fifteen [15] consecutive full months of services with the same contractor, regardless of whether the permanency goal remains the same or changes. The contractor's monthly rate will remain at this reduced 80% amount until the case is closed. Any pro-rated daily payments will be calculated at the reduced rate. (9.14.07 – See section 3.4.3.1)

Q4: If a service area is providing services for another service area due to a conflict of interest case, how will payment/services be provided? For example, if the Waterloo Service Area is providing services to a child/family from the Dubuque Service Area, should the Waterloo Service Area use their own provider agencies or the agencies identified in the Dubuque Service Area? If the Waterloo Service Area does have to use their own providers, is there a payment mechanism for the Dubuque Service Area to pay for that provider agency? (We are trying to balance the need for confidentiality as well as where the service area provider might be located and involve the payment issue).

A4: If the conflict of interest case involves Department staff, in this example, the Waterloo Service Area would use providers from the Dubuque Service Area. The county of financial responsibility is responsible for payment of the services; therefore, the Dubuque Service Area would be responsible for paying for the provision of services.

In FACS, the funds paid out will be tracked in Form-X because of the financial county shown.

If the conflict of interest case involves a contractor, DHS would refer the case to the other contractor for the service area. (9.21.07)

Q5: What are the procedures for electronic invoicing? What if you have not used electronic billing and need to do so?

A5: For those contractors that are already utilizing electronic invoicing, the process will continue as it does today.

DHS is still determining the timeline for implementing electronic invoicing for those contractors that have not utilized electronic invoicing in the past.

The Department's Service Business Team (SBT) has prioritized the task of implementing electronic invoicing but there is no date of completion identified at this time. (Revised 12.12.08)

Q6: What are the planned methods for incentive payments?

A6: The GAX form will be used for incentive payments. A procedure has been developed and the Contract Monitor will work with the contractor on how to complete the GAX form. (9.21.07)

Q7: What are the DHS service codes used to bill for the monthly FSRP case rate?

A7: The A910 code will be used to bill for FSRP Services. However, the last digit will be different for Contractors with multiple contracts (i.e. A911, A912, A913) based on the service area covered by that contract. (9.28.07)

Q8: How many billing codes are available for FSRP Services?

A8: One billing code per contract based on the service area covered by that contract. (9.28.07)

Q9: When the contractor has to prorate the monthly rate for FSRP Services because services start or end during the month, what does the contractor show in the number of units since it would be less than one monthly unit?

A9: The contractor should submit their pro-rated billings with units equaling the service days for that month. The only time a provider will submit a billing for 1 unit is when they provide an entire calendar month of service (\$468) or when only 1 day of service is provided (\$15.60).

For example, the month of October has 31 days so: If exit occurs 10.15.07, then the contractor will bill for 15 days. If entry occurs on 10.15.07, then the contractor will bill for 17 days. If entry occurs on the 15th of a month with only 30 days, then the contractor will bill for 16 days. For the month of February, if entry occurs on 2.15.08, then the contractor will bill for 15 days if a leap year, otherwise they will bill for 14 days in the 28-day calendar month.

Below are examples of the VARP screen, 3055, and Provider Invoice on a case with the effective date of 10.8.07 and final eligibility date of 12.31.07.

VARP:

Units of service are calculated using both daily and monthly rate units. (Daily rate unit is 15.60 and monthly rate unit is 468.00). All partial months are calculated using daily rate units and full months are calculated as 1 monthly rate unit.

The calculation of units in the example below was derived by adding 24 daily rate units for October (10/8/07-10/31/07) 1 monthly rate each for November and December for a total of 26 units. $24 + 2 = 26$.

-----		VARIABLE PAYMENT (VARP)		-----	
PRIMARY PROVIDER:		000			
TO SELECT, ENTER X=ENCUMB DETAIL, G+F6=DOC GEN FOR FORM 3055					
ENTER P=PURGE		PROJECTED MONTHLY VARIABLE PAYMENT:		\$0.00	
SERV					
SEL	PROVIDER	CD	DESCRIPTION	FROM	TO
MAX	USED	RATE	UNIT		
26	468.00	102			
2977013	A910	FCS/FSRP/FSRP	10/08/2007	01/08/2008	26

3055:

The corresponding 3055 should include the same number of maximum units that are identified on the VARP screen. In this example, the maximum units are 26. The duration can either be 90 days or 3 months.

A sample of the 3055 is immediately below:

Service Code	Maximum Units	Duration	Authorization Date	Effective Date	Final Eligibility Date
A910	26	90	10/6/2007	10/8/2007	12/31/2007

PROVIDER INVOICE:

The corresponding invoices for each month's service are shown in the example below.

Please note that only one month of service should ever appear on a single invoice. These would actually be three separate invoices (1 for October, 1 for November, and 1 for December).

NOTE: The beginning and ending dates are not required on the invoice but are included in the example below for clarification purposes.

Safety Plan Services and Family Safety, Risk, and Permanency Services Questions/Responses

Case Number	Last	First	M	Beginning	Ending	Service code	Unit cost	No. of units	Total cost	Fees	Credits	Net cost
A12345	Last	First		10/08/07	10/31/07	A910	15.60	24	374.40			374.40
A12345	Last	First		11/01/07	11/30/07	A910	468.00	1	468.00			468.00
A12345	Last	First		12/01/07	12/31/07	A910	468.00	1	468.00			468.00
						TOTALS	1310.40					1310.40

Using the example above, it has now been determined that the case will close prior to the 12.31.07 date on the original 3055. The VARP Screen must reflect this and a new 3055 must be issued and provided to the Contractor. The final eligibility date is now 12.22.07.

Below are examples of the VARP screen, 3055, and Provider Invoice on a case with the effective date of 10.8.07 and final eligibility date of 12.22.07.

VARP:

Units of service are calculated using both daily and monthly rate units. (Daily rate unit is 15.60 and monthly rate unit is 468.00). All partial months are calculated using daily rate units and full months are calculated as 1 monthly rate unit.

The calculation of units in the example below was derived by adding 24 daily rate units for October (10/8/07-10/31/07), 1 monthly rate for November, and 22 daily rate units for December (12/1/07 – 12/22/07, paying the last day of service) for a total of 47 units.
 $24 + 1 + 22 = 47$.

-----		VARIABLE PAYMENT (VARP)		-----	
PRIMARY PROVIDER:		000			
TO SELECT, ENTER X=ENCUMB DETAIL, G+F6=DOC GEN FOR FORM 3055					
ENTER P=PURGE		PROJECTED MONTHLY VARIABLE PAYMENT:		\$0.00	
SERV					
SEL	PROVIDER	CD	DESCRIPTION	FROM	TO
MAX USED	RATE	UNIT			
—	2977013	A910	FCS/FSRP/FSRP	10/08/2007	01/08/2008
				47	468.00 102

3055:

The corresponding 3055 should include the same number of maximum units that are identified on the VARP screen. In this example, the maximum units are 47. The duration can either be 90 days or 3 months.

A sample of the 3055 is immediately below:

Service Code	Maximum Units	Duration	Authorization Date	Effective Date	Final Eligibility Date
A910	47	90	10/6/2007	10/8/2007	12/22/2007

PROVIDER INVOICE:

The corresponding invoices for each month's service are shown in the example below.

Please note that only one month of service should ever appear on a single invoice. These would actually be three separate invoices (1 for October, 1 for November, and 1 for December).

NOTE: The beginning and ending dates are not required on the invoice but are included in the example below for clarification purposes.

Case Number	Last	First	M	Beginning	Ending	Service code	Unit cost	No. of units	Total cost	Fees	Credits	Net cost
A12345	Last	First		10/08/07	10/31/07	A910	15.60	24	374.40			374.40
A12345	Last	First		11/01/07	11/30/07	A910	468.00	1	468.00			468.00
A12345	Last	First		12/01/07	12/22/07	A910	343.20	22	343.20			343.20
						TOTALS	1185.60					1185.60

(Revised 11.21.07)

Q10: If a client enters into service in the middle of the month, is there a specific code/mechanism used for billing?

A10: No. (9.28.07)

Q11: The bundle rate for FSRP Services is \$473.10 what happens in billing if we are unable to meet one or more of the service requirements?

A11: There is no change, the contractor will bill for one (1) unit of A91X. However, when the contractor completes the monthly performance summary it will reflect a deficit in providing a service delivery requirement. The contract monitor will review this during a contract compliance review. In turn this could impact the achievement of the 85% case compliance review.

Contractors who do not achieve 85% of case compliance with the elements reviewed in the Department Case File Review, or whose family and Department worker satisfaction

results are below an 85% satisfaction level as described in Section 3.2.C.3, will be required to develop and submit to the Department, within forty- five [45] days, a Program Improvement Plan [PIP]. (Revised 7.1.08)

Q12: What code do we use for partial service months?

A12: A91X will be used regardless of whether services were provided for a full month or partial month. (9.28.07)

Q13: What code will we use for cases that extend beyond the 10 months with the decrease of rate?

A13: The same service code will be used. Child Welfare Information System (CWIS) will reduce the rate. The contractor should submit their billing at the reduced rate. CWIS will edit to catch inaccurate billings.

The reduction would start in the month following. So, for the 10-month reduction, the reduction would start at the beginning of the 11th month, and the 15-month would start at the beginning of the 16th month. (Revised 8.13.08)

Q14: All of our initial referrals are starting 10/1, but as we get additional referrals they will have different, probably mid-month, start dates. When the initial authorization period is over and services are renewed, do we bill for two partial months for the same month, or assuming there isn't a gap in the authorizations would we bill for one full month? For example, the first authorization ends January 15, and we get another authorization effective January 16. Do we bill for a full month or do we do one billing for January 1 – 15 and another for January 16 – 31? What if there is a gap between the authorizations; would we then bill for two partial months for the same month?

A14: For a full month, the provider bills one monthly unit. For partial months, such as when there is a break in authorizations, the provider bills daily units and they need to be separately invoiced. This is the same protocol as used currently. (9.28.07)

Q15: If there is a discrepancy in billing, will there be an explanation? What is the time frame for correcting the discrepancy?

A15: The Contract Monitor is the point of contact regarding billing questions for FSRP services. The monthly service payment is generated by the Child Welfare Information System (CWIS). Incentive payments will be made via a GAX document prepared by the contract monitor based on a listing generated by CWIS of cases that qualify for incentive payments. The list and the GAX document will be sent to the contractor for signature and returned to the contract monitor so there should not be a discrepancy as long as the contractor signs and returns the GAX document that is sent to them. Payment will be made solely on the basis of information generated by CWIS. (10.5.07 – See section 3.4.3.2)

Q16: We would like clarification regarding the graduated monthly payment rate for FSRP. In the RFP, it states that the monthly payment rate will be reduced to 90% of the monthly rate after the case is opened by the Department for ten consecutive full months of service with a contractor. Our interpretation of the ten consecutive full months is as follows: for any referral received on the first of a month, the ten-month count begins that

day. However, for any referral received after the first day of the month, the count does not start until the beginning of the next month b/c it would not be a full month of service. For instance, if a case were opened October 10th, the count of months would begin on November 1st and would drop to 90% on September 1st. But if a referral was received on October 1st, the count begins October 1st and the payment rate would not drop to 90% until August 1st. Is this an accurate interpretation of the ten consecutive full months statement?

A16: Yes. The examples provided above are correct. (10.5.07 – See section 3.4.3.1(a))

Q17: If contractors are presently getting electronic funds transfer to our bank account with current child welfare remittances, will this automatically continue with the new services?

A17: Yes. (10.5.07)

Q18: Do we have options on electronic billing other than current dial up used for RTS, such as billing through EDISS or the DHS website? If so, would this allow a remittance file (also known as an 835 file) to be returned to facilitate electronic posting of remittances from our billing?

A18: The current electronic process is the only one available at this time. (10.5.07)

Q19: Will there be any cost reports or financial information to be reported for these services?

A19: The contractor is not required to submit cost reports. However, the Contract Monitor will review the contractor's annual independent audit report as well as the percentage of the contractor's expenditures that are administrative and the salary of the contractor's Executive Director to validate that both are within the parameters outlined in the contract. (10.5.07)

Q20: Will providers that are using the JF101 provider invoice be able to continue to bill using this form for FSRP Services? Do the invoices still need to be segregated by county? Is an agreement number required on this form and if so, what is it? Does the State/Local Code still apply? Where do we mail the invoices?

A20: Yes, the JF101 form can be used for FSRP Services. The invoices still need to be segregated by county. The agreement number is the same number that contractors were using under the RTSS program (29-XX-YYY). The XX is the County Number and the YYY is the Contractor Number. The State/Local Code still applies and is an "S". Invoices are to be mailed to the county where the child's case is from. (Revised 2.15.08)

Q21: Is there a notification or alert process developed to notify DHS staff of upcoming expiration of services? Will the contractor's be notifying DHS of expiration or will there be a FACS alert? There is very quick turnaround time with 3-month authorizations and agencies will not be providing service if a 3055 is not current and we do not want frequent lapses in services or billing glitches.

A21: There is no FACS alert notifying staff of upcoming expiration of services.

TIP: DHS Workers can utilize their Outlook calendar by setting event reminders and/or tasks. (11.21.07)

Q22: What happens if a case is opened by DHS and referred to FSRP Services but the Contractor is not able to make contact with the family because the family absconds?

The Contractor makes diligent efforts to locate the family, but is unsuccessful. The DHS worker chooses to keep the case open although the Contractor has asked that the FSRP Services be terminated. How will this affect payment and incentives for the Contractor?

A22: The Contractor will receive payment from the effective date of the 3055 until a termination 3055 is provided to the Contractor. The Contractor should be documenting their efforts to make contact with the family.

If there is no family for the Contractor to work with, the DHS worker should end date the 3055 and terminate FSRP Services. The DHS worker can continue to keep an open service case on the family and if the family returns to the area, another referral can be made to a Contractor to provide FSRP Services at that time.

If there is no family for the Contractor to work with, there would be no ability to provide services to this family and the Contractor would not be able to earn incentive payments. The referral to FSRP Services should be terminated until there is a family to provide services to. (4.2.08)

Q23: The RFP states that the Department will be tracking Contractor performance and eligibility to earn the incentive payment and that these reports will be provided to the Contractor. Our agency has had some cases close in October so we should be eligible for incentive payments soon. What is the time frame for this to start? Will the monthly reports be listed by client or only by a final number?

A23: The performance measure reporting start date for FSRP Services begins after May 2008 for three of the four measures. CWIS staff will produce monthly reports on these performance measures for each Contract for services. These reports will identify which cases the Contractor is eligible to receive an incentive payment. These reports will be provided to the Contract Monitor who will be responsible for processing incentive payments to the Contractors. The Contractor will receive the list of cases eligible for incentive payments so that the GAX can be completed for submission to the Department for payment. (4.28.08)

Q24: When is a PIP required on the 85% compliance? Is the 85% overall or by category?

A24: There are actually two different areas that are impacted by the 85% compliance. The first area is the Contract Monitors review of reporting on the Quarterly Quality Assurance Report. If the Contractors responses to the categories did not match what the Contract Monitor in their review found, and the error percentage fell below 85% then a PIP would be required. The Contractor would need to show how to improve their quality assurance process.

The second area is when a category or combined categories fall below 85%. The groupings are:

FSRP Services Monthly Reporting:

Column E, F, G - are combined (orange colored columns)
Column H stands alone (blue colored column)
Columns I, J, K are combined (green colored columns)
Columns L, M, N are combined (pink colored columns)

The categories that fell below the 85% would be the identified areas that the Contractor would need to show improvement on. (6.3.08)

Q25: In reference to Section 3.4.3.2.4 Achieving Finalized Adoptive or Guardianship Placement within 24 months of removal (Performance Measure), what is the trigger for this payment?

It appears that in some service areas, DHS is closing out the FSRP case prior to the finalization of adoption, etc. The Contractors have worked with the family up to case closure, but then services are terminated so how does this affect the incentive payment?

A25: The finalized adoption is the trigger if it occurs within 24 months of removal date as identified in the measure, regardless of when DHS closes the FSRP case. (7.15.08 – See Section 3.4.3.2.4)

Q26: Is a Contractor eligible for incentive payments on cases where the youth was over 18 but on a Voluntary Placement Agreement and received FSRP Services?

A26: No. The reason that these cases are not eligible is that they do not meet the measure definition.

A Contractor is not eligible for incentive payments on cases where the youth is over 18 and on a Voluntary Placement Agreement while they received FSRP Services.

A Contractor would be paid the base rate for the youth but they do not meet the measure definition. Once a child turns 18 years of age, they are no longer considered a child for the definition of child abuse (Measure 1); therefore, would not be able to be measured to determine if there are any confirmed or founded reports. Since the youth signed a voluntarily placement agreement, they cannot be "removed" from the home (Measure 2); therefore at the time of case closure, they would not be able to be measured on this area. (12.12.08)

Satisfaction Surveys

Q1: When are the satisfaction surveys of closed FSRP cases going to be due?

A1: Beginning year two of the Contract, one time per year, a statistically valid random sample will be drawn from all cases that have closed and these families will be asked to complete a satisfaction survey. (Revised 2.5.09)

Q2: Are Contractors required to send out satisfaction surveys to the family where there has been termination of parental rights (TPR)?

A2: Yes. If TPR occurs prior to the FSRP Services referral, then the Contractor should send the survey to the foster/adoptive family where the child resides.

If TPR occurs during FSRP Services, then the Contractor should send the survey to the biological family. (2.5.09)

Sub Contractors and Model of Practice

Q1: We did not identify any sub-contractors in our proposal, but now find that we need to sub-contract to serve kids living in another service area, as well as being a sub-contractor for an agency from another area for a family in our service area. What is the procedure for getting approval to do so and what is the time frame for that?

A1: The contractor is required to notify the Department in writing prior to implementing a subcontract, by submitting to their contract monitor, the name of the agency, address and names of key personnel. The contract monitor will acknowledge receipt of subcontractor information. If the Department objects we will notify you within fourteen days. The contractor may request that the Department expedite their decision on whether they wish to object; to the extent possible, the Department will honor such requests.

Note: The Department has already determined that we have no objection to the use of any of the following agencies as subcontractors: Children and Families of Iowa (CFI), Four Oaks, Tanager Place, First Resources Corp., Family Resources Inc., Families First Counseling Services, Lutheran Services in Iowa, Mid Iowa Family Therapy, Boys and Girls Home Residential Treatment Centers, Inc., and Father Flanagan's Boys' Home. (Revised 2.15.08)

Q2: Do subcontractors have to follow the Model of Practice of the contractor?

A2: The Contractor remains responsible for all services performed under this Contract. All restrictions, obligations and responsibilities of the Contractor under this Contract shall also apply to the subcontractors and the Contractor shall include in all of its subcontracts a clause that so states. The Contractor is responsible for determining if any variation to the Model of Practice by the subcontractor would be in compliance with this requirement. (11.21.07 – See Section 15.10 of the Contract)

Q3: A subcontractor has a worker who is trained in Family Team Meetings who will also serve as a Permanency Worker (FSRP Care Coordinator). If this worker facilitates the FTM and it is decided that FSRP Services would be referred, could this worker become the FSRP worker and then no longer facilitate any upcoming FTM for that family?

A3: Yes. The FSRP Care Coordinator could also continue to facilitate the FTMs but in these cases, the contractor could not bill for the FTM facilitation. (10.5.07)

Q4: If the contractor is subcontracting with a service provider in another service area, how does the contractor monitor service provision and paperwork?

A4: This would be established between the contractor and subcontractor. The contractor's responsibility to monitor a subcontractor does not change based on the location of the subcontractor. (10.5.07)

Q5: Can Contractors/Subcontractors use student interns/volunteers to provide Safety Plan or FSRP Services to children and families?

A5: There is nothing in the Contract that prohibits the use of student interns/volunteers. The use of student interns or volunteers by a Contractor or Subcontractor would be dependent upon what the Contractor's accreditation body allows. Contractually, 14.3 Professional Practices of the contract states: The Contractor represents and warrants that all of the services to be performed hereunder will be rendered using sound, professional practices and in a competent and professional manner by knowledgeable, trained, and qualified personnel. (3.7.08)